

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90243 001 ****61.25

DOCUMENT # 736699

1. Entity Name

PROPERTY OWNERS OF GULF COVE, INC.



Principal Place of Business

5446 STOKES STREET
PORT CHARLOTTE FL 33981

Mailing Address

P. O. BOX 27112
EL JOBEAN FL 33927
US

34035332



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1709441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, MARILYN
5446 STOKES STREET
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ V ☐ Delete
NAME MCGARY, ROY
STREET ADDRESS 5289 FORBES TERR.
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ P ☐ Delete
NAME MOLWAY, RONALD
STREET ADDRESS 5401 FARLEY ST
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ S ☐ Delete
NAME SRIDMORE, MERCEDES
STREET ADDRESS 5231 CONNER TERR.
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ D ☐ Delete
NAME HURD, JANET
STREET ADDRESS 6094 GILLOT BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ D ☐ Delete
NAME ANDERSON, MARILYN
STREET ADDRESS 5446 STOKES STREET
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ D ☒ Delete
NAME HOUSER, KATHERINE
STREET ADDRESS 5244 EARLY TERRACE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ V ☐ Change ☒ Addition
NAME Brown, Robert
STREET ADDRESS 5785 Neville Terr
CITY-ST-ZIP Port Charlotte, FL 33981

TITLE ☐ T ☐ Change ☒ Addition
NAME Wilgus, Beverly
STREET ADDRESS 5405 Ulysses St
CITY-ST-ZIP Port Charlotte, FL 33981

TITLE ☐ D ☐ Change ☒ Addition
NAME Biacchi, Louis
STREET ADDRESS 5929 Gillet Blvd
CITY-ST-ZIP Port Charlotte, FL 33981

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly A. Wilgus, Treasurer 4/15/04 941-698-0886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #