

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90072 009 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

ANDERSON, MARILYN
5446 STOKES STREET
PORT CHARLOTTE FL 33981

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, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	MCGARY, ROY	
STREET ADDRESS	5289 FORBES TERR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOLWAY, RONALD	
STREET ADDRESS	5401 FARLEY ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SRIDMORE, MERCEDES	
STREET ADDRESS	5231 CONNER TERR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HURD, JANET	
STREET ADDRESS	6094 GILLOT BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, MARILYN	
STREET ADDRESS	5446 STOKES STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIACCHI, LOUIS	
STREET ADDRESS	5929 GILLOT BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Robert J.	
STREET ADDRESS	5185 Neville Terr.	
CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eskstrom, Steve	
STREET ADDRESS	5763 David Blvd.	
CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Skidmore, Mercedes	
STREET ADDRESS	5231 Connor Terr.	
CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilgus, Beverly A.	
STREET ADDRESS	5405 Ulysses Street	
CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vaughn, Sue	
STREET ADDRESS	3498 Blitman Street	
CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Molway, Stephanie	
STREET ADDRESS	5401 Farley Street	
CITY-ST-ZIP	Port Charlotte, FL 33981	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly A. Wilgus

Date

Daytime Phone #

2/25/05 941-698-0786

ATTACHMENT

Additions and changes to Officers and Directors in 10.

V
Barlow, Alfred
13089 Feldman Avenue
Port Charlotte, FL 33981

Addition

40025842

736699

D
Crafton, Chuck
12439 Prather Avenue
Port Charlotte, FL 33981

Addition

D
Hurd, Janet
6094 Gillot Blvd.
Port Charlotte, FL 33981

Addition

D
Wilgus, Robert A.
5405 Ulysses Street
Port Charlotte, FL 33981

Addition

Past President
Molway, Ronald
5401 Farley Street
Port Charlotte, FL 33981

Addition