2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90025 039 ****61.25

DOCUMENT # N37397

1. Entity Name
COVE POINTE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business
COVE POINT DR
VENICE, FL 34293

Mailing Address
1937 COVE POINTE DR
VENICE, FL 34293 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business: COVE POINTE DR
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number: 65-0184923 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAECK, WILLIAM C
1937 COVE POINTE DR
VENICE, FL 34293

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

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD O'BREIN, KENNETH W 1921 TRADE WINDS CIRCLE VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	O'BRIEN ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HRIC, JOHN P 1905 TRADEWINDS CIRCLE VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DT JAECK, WILLIAM C 1937 COVE POINTE DRIVE VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD DOIDGE, EDWARD F 1921 TRADEWINDS CIRCLE VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DS DELANCEY, GWENDOLYN J 1942 COVE POINTE DR. VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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: William C. Jaeck William C. Jaeck 3/15/05 941-492-9147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #