

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90174 043 \*\*\*\*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

40069434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006

Chg-NP

CR2E037 (11/05)

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

Filing Fee is \$61.25  
Due by May 1, 2006

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	P	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT J	
STREET ADDRESS	5185 NEVILLE TERR	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ESKSTROM, STEVE	
STREET ADDRESS	5763 DAVID BLVD	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	D	<input 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	WILGUS, BEVERLY A	
STREET ADDRESS	5405 ULYSSES STREET	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, SUE	
STREET ADDRESS	3498 BLITMAN STREET	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLWAY, STEPHANIE	
STREET ADDRESS	5401 FARLEY STREET	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLP James Black
STREET ADDRESS	12698 Bacchus Rd
CITY-ST-ZIP	Port Charlotte, FL 33981
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer Abbot K. Snow
STREET ADDRESS	12490 Kneeland Terrace
CITY-ST-ZIP	Port Charlotte FL 33981
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Patrice Schmitt
STREET ADDRESS	3403 Montgomery Drive
CITY-ST-ZIP	Port Charlotte FL 33981
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Abbot K. Snow* Abbot K. Snow 4/25/06 941-697-5351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #