

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**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**



02172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME O'BRIEN, W. KENNETH  
STREET ADDRESS 1921 TRADE WINDS CIRCLE  
CITY-ST-ZIP VENICE, FL 34293

TITLE D  
NAME HRIC, JOHN P  
STREET ADDRESS 1905 TRADEWINDS CIRCLE  
CITY-ST-ZIP VENICE, FL 34293

TITLE DT  
NAME JAECK, WILLIAM C  
STREET ADDRESS 1937 COVE POINTE DRIVE  
CITY-ST-ZIP VENICE, FL 34293

TITLE VPD  
NAME DOIDGE, EDWARD F  
STREET ADDRESS 1921 TRADEWINDS CIRCLE  
CITY-ST-ZIP VENICE, FL 34293

TITLE DS  
NAME DELANCEY, GWENDOLYN J  
STREET ADDRESS 1942 COVE POINTE DR.  
CITY-ST-ZIP VENICE, FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000643905  
03/02/07-80020-024 61.25

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IN THIS SPACE**

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.

*William C. Jaech, Treasurer. 2/18/07*