

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90296 013 *****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

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

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 ☒ Delete
NAME **P**
STREET ADDRESS **STRONG, CARL**
CITY-ST-ZIP **5322 JOHNSON TERR
PORT CHARLOTTE FL 33981**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Ronald Molway**
CITY-ST-ZIP **5401 Farley St.
Port Charlotte FL 33981**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **MOLWAY, RONALD**
CITY-ST-ZIP **5401 FARLEY ST
PORT CHARLOTTE FL 33981**

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **Mc Gary, Roy**
CITY-ST-ZIP **5289 Forbes Terr
Port Charlotte FL 33981**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **STRONG, HILDE**
CITY-ST-ZIP **5322 JOHNSON TERR
PORT CHARLOTTE FL 33981**

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **Skidmore, Mercedes**
CITY-ST-ZIP **5231 Conner Terr
Port Charlotte FL 33981**

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

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

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

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

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

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: **JANET HURD**

4-27-03 941-698-8960

CR2E037 (10/02)