

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736699

**Entity Name:** PROPERTY OWNERS OF GULF COVE, INC.**Current Principal Place of Business:**5149 NORLANDER DRIVE  
PORT CHARLOTTE, FL 33981**Current Mailing Address:**P O BOX 27112  
EL JOBEAN, FL 33927 US**FEI Number: 59-1709441****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAN ACKER, RICHARD  
12169 MAYFAIR AVENUE  
PORT CHARLOTTE, FL 33981 US*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.***SIGNATURE:** RICHARD VAN ACKER

04/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name DIETZ, JANET M  
Address 13425 DRYSDALE AVE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title 1ST VICE PRESIDENT  
Name BURTCH, JAYSON  
Address 4575 KEMPSON LANE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title PRESIDENT  
Name VAN ACKER, RICHARD  
Address 12169 MAYFAIR AVENUE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR  
Name SALITER, DONNA  
Address 3287 HOLCOME ROAD  
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR  
Name ENGELMANN, PETER  
Address 13007 GALLAGHER BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33981

Title TREASURER  
Name DEMERE, LEON  
Address 2484 QUAIL TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title 2ND VICE PRESIDENT  
Name NIEDERMAYER, CAROLA  
Address 5311 BRYAN TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR  
Name BALINT, ROBERTA  
Address 5590 DAVID BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33981

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD VAN ACKER

PRESIDENT

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                PHILLIPS, DOUG  
Address             4510 BURNS TERRACE  
City-State-Zip:    PORT CHARLOTTE FL 33981

Title                 SECRETARY  
Name                LACZEK, DEBORAH  
Address             5240 CHURCHILL ROAD  
City-State-Zip:    PORT CHARLOTTE FL 33981