

2022 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

04/29/2022

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 PAHNO, MELANIE
Address 3052 HOLCOMB ROAD
City-State-Zip: PORT CHARLOTTE FL 33981

Title TREASURER
Name CRAFT, TAMMIE
Address 12668 BACCHUS ROAD
City-State-Zip: PORT CHARLOTTE FL 33981

Title 2ND VICE PRESIDENT
Name DEMERE, LEON
Address 2484 QUAIL 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: VAN ACKER, RICHARD

PRESIDENT

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name WIRTH, REBECCA
Address 4450 KEMPSON LANE
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR
Name PRIESS, SUSAN
Address 5168 BRUNSWICK TERRACE
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR
Name DRAUS, DONNA
Address 2419 HERRON TERRACE
City-State-Zip: PORT CHARLOTTE FL 33981