

**2023 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:** Yes**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

04/26/2023

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

Title TREASURER  
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

Title 2ND VICE PRESIDENT  
Name LACZEK, DEBORAH  
Address 5240 CHURCHILL ROAD  
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 VANACKER

PRESIDENT

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title SECRETARY  
Name BAUER, DIANE  
Address 6397 ROSEWOOD DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

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

Title DIRECTOR  
Name PERSECHINO, JOHN  
Address 3453 YARROW STREET  
City-State-Zip: PORT CHARLOTTE FL 33981