

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736699

Entity Name: PROPERTY OWNERS OF GULF COVE, INC.**Current Principal Place of Business:**5117 NORLANDER DR
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:**ASHLEY, MELVIN
12325 MITCHELL TERRACE
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:** MELVIN ASHLEY

03/05/2020

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 2ND VP
Name BURTCH, JAYSON
Address 4575 KEMPSON LANE
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR
Name YOUNG, ROGER
Address 2393 RISKEN TERRACE
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR
Name CAPLINGER, GERI
Address 5428 EVEREST TERRACE
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 SECRETARY
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: JANET DIETZ

PAST PRESIDENT

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name EBY, MITCH
Address 5191 NOYES LANE
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR
Name MATTHEWS, SUSAN
Address 5460 NORLANDER DRIVE
City-State-Zip: PORT CHARLOTTE FL 33981

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