

**2016 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: Yes****Name and Address of Current Registered Agent:**PELESKE, RICHARD A  
6603 DAVID BLVD  
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 A PELESKE****03/29/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name WIRTH, REBECCA S  
Address 4450 KEMPSON LN  
City-State-Zip: PORT CHARLOTTE FL 33981

Title PRESIDENT  
Name PELESKE, RICHARD  
Address 6603 DAVID BLVD  
City-State-Zip: PORT CHARLOTTE FL 33981

Title 1ST VP  
Name MURPHY, DENNIS  
Address 13088 PROCTOR AVE  
City-State-Zip: PORT CHARLOTTE FL 33981

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

Title 2ND VP  
Name FISHPAW, WARREN  
Address 13417 DRYSDALE AVE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR  
Name LANDREVILLE, JEAN  
Address 5920 GILLOT BLVD  
City-State-Zip: PORT CHARLOTTE FL 33981

Title SECRETARY  
Name NASKRENT MOONEY, SUZAN  
Address 12458 KNEELAND TER  
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR  
Name BERKFOSKY, DIANA  
Address 5459 NORLANDER  
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 A PELESKE****PRESIDENT****03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PELESKE, SUSAN  
Address 6603 DAVID BLVD  
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR  
Name BURTCH, JAYSON  
Address 4575 KEMPSON LANE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR  
Name BARLOW, AL  
Address 13089 FELDMAN AVE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR  
Name MOONEY, MIKE  
Address 12458 KNEELAND TERACE  
City-State-Zip: PORT CHARLOTTE FL 33981