

**2015 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:**WIRTH, REBECCA S  
4450 KEMPSON LN  
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: REBECCA S WIRTH****03/01/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            VP  
Name            PRIESS, WILLIAM  
Address        5168 BRUNSWICK TER  
City-State-Zip: PORT CHARLOTTE FL 33981

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

Title            DIRECTOR  
Name            BELL, JAMES  
Address        5156 COLT TER  
City-State-Zip: PORT CHARLOTTE FL 33981

Title            DIRECTOR  
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            DIRECTOR  
Name            MURPHY, DENNIS  
Address        13088 PROCTOR AVE  
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: REBECCA WIRTH****PRESIDENT****03/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PAST PRESIDENT  
Name            CORMIER, DAVID  
Address        12420 HATHAWAY TER  
City-State-Zip: PORT CHARLOTTE FL 33981

Title            DIRECTOR  
Name            BERKFOSKY, DIANA  
Address        5459 NORLANDER  
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            PELESKE, SUSAN  
Address        6603 DAVID BLVD  
City-State-Zip: PORT CHARLOTTE FL 33981