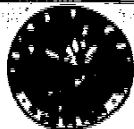


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

95 APR 18 PM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708412 (2)

1. Corporation Name

HARBOR COVE CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**499 IMPERIAL DRIVE
HARBOR COVE
HARBOR COVE VENICE FL 34287**

**499 IMPERIAL DRIVE
HARBOR COVE
HARBOR COVE VENICE FL 34287**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/02/1965** 3a. Date of Last Report **04/05/1994**

4. FEI Number **59-2099653** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADY, IRENE
369 TRAILORAMA DR
NORTH PORT FL 34287**

81 Name **THOMAS, LEE**
82 Street Address (P.O. Box Number is Not Acceptable) **730 BLACKBURN BLVD**
83 **NORTH PORT, FL 34287**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lee Thomas

Lee Thomas

4/4/95

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BRADY, IRENE
369 TRAILORAMA DR
NORTH PORT FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**PRESIDENT
THOMAS, LEE
730 BLACKBURN BLVD
NORTH PORT, FL 34287** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
KAUSS, GEORGE
552 TAMPCO DR
NORTH PORT FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**VP
SEITHER, DONALD
349 BLACKBURN BLVD
NORTH PORT, FL 34287** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GAUDREAU, MILDRED
517 IDEAL PLACE
NORTH PORT FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**VP
MC CORKIE, EDITH
773 IMPERIAL DR
NORTH PORT, FL 34287** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
ASHLEY, CLARICE
500 IDEAL PLACE
NORTH PORT FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**S
ZOLLERS, MARY
711 FAIRMOUNT DR
NORTH PORT, FL 34287** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BARRETT, CAROLYN
647 FAIRMOUNT DRIVE
NORTH PORT FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**T
BARRETT, CAROLYN
647 FAIRMOUNT DR
NORTH PORT, FL 34287** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lee Thomas

Lee Thomas

4/4/95

423-9320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #