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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRADY, IRENE
369 TRAILORAMA DR
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT/Dir.	☒ Change ☐ Addition
NAME	BRADY, IRENE	1.2 NAME	THOMAS, LEE	
STREET ADDRESS	369 TRAILORAMA DR	1.3 STREET ADDRESS	730 BLACKBURN BLVD	
CITY-ST-ZIP	NORTH PORT FL	1.4 CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	VP	2.1 TITLE	VP/Dir	☒ Change ☐ Addition
NAME	KAISS, GEORGE	2.2 NAME	SETTHER, DONALD	
STREET ADDRESS	552 TAMPICO DR	2.3 STREET ADDRESS	349 BLACKBURN BLVD	
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	VP	3.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	GAUDREAU, MILDRED	3.2 NAME	MC CORKLE, EDITH	
STREET ADDRESS	517 IDEAL PLACE	3.3 STREET ADDRESS	773 IMPERIAL DR	
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	S	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	ASHLEY, CLARICE	4.2 NAME	ZULLERS, MARY	
STREET ADDRESS	500 IDEAL PLACE	4.3 STREET ADDRESS	711 FAIRMOUNT DR	
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	T	5.1 TITLE	T	☐ Change ☐ Addition
NAME	BARRETT, CAROLYN	5.2 NAME	BARRETT, CAROLYN	
STREET ADDRESS	647 FAIRMOUNT DRIVE	5.3 STREET ADDRESS	647 FAIRMOUNT DR	
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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 #

0064300