

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

3. Date Incorporated or Qualified  
02/02/1965

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 NORTH PORT FL

28 NORTH PORT FL

24 Zip 34287

25 Country

29 Zip 34287

30 Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS LEE  
730 BLACKBURN BLVD  
NORTH PORT FL 34287

81 Name

CAROLYN BARRETT

82 Street Address (P.O. Box Number is Not Acceptable)

647 FAIRMOUNT DR

83

84 City

NORTH PORT

FL

85 Zip Code

34287

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

CAROLYN BARRETT, PD

*Carolyn Barrett*

DATE

4/12/96

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME THOMAS, LEE  
STREET ADDRESS 730 BLACKBURN BLVD  
CITY-ST-ZIP NORTH PORT FL

TITLE VPD ☒ DELETE

NAME SEITHER, DONALD  
STREET ADDRESS 349 BLACKBURN BLVD  
CITY-ST-ZIP NORTH PORT FL

TITLE VPD ☒ DELETE

NAME MCCORKIE, EDITH  
STREET ADDRESS 773 IMPERIAL DR  
CITY-ST-ZIP NORTH PORT FL

TITLE SD ☐ DELETE

NAME ZOLLERS, AMRY  
STREET ADDRESS 711 FAIRMONT DR  
CITY-ST-ZIP NORTH PORT FL

TITLE T ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

BARRETT CAROLYN

647 FAIRMOUNT DR

NORTH PORT FL 34287

VPD

DZIUBA, JOHN

715 BLACKBURN BLVD

NORTH PORT FL 34287

VPD

SCHEIDER, RICHARD

715 RIVERVIEW CIR

NORTH PORT, FL 34287

T

MURFITT MARY

728 FAIRMOUNT DR

NORTH PORT FL 34287

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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)(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:

*Carolyn Barrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

Date

(941) 426-1976

Daytime Phone #

CR2E037 (12/95)