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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

499 IMPERIAL DRIVE
HARBOR COVE
NORTH PORT FL 34287

Mailing Address

499 IMPERIAL DRIVE
HARBOR COVE
NORTH PORT FL 34287-15653. Date Incorporated or Qualified
02/02/19653a. Date of Last Report
04/16/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2099659 65-0156330

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. 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

BARRETT, CAROLYN
647 FAIRMOUNT DR.
NORTH PORT FL 34287

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD
NAME BARRETT, CAROLYN
STREET ADDRESS 647 FAIRMOUNT DR.
CITY-ST-ZIP NORTH PORT FL 34287 ☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VPD
NAME DZIUBA, JOHN
STREET ADDRESS 715 BLACKBURN BLVD
CITY-ST-ZIP NORTH PORT FL 34287 ☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VPD
NAME SCHNEIDER, RICHARD
STREET ADDRESS 715 RIVERVIEW CIR.
CITY-ST-ZIP NORTH PORT FL 34287 ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD
NAME ZOLLERS, AMRY
STREET ADDRESS 711 FAIRMONT DR
CITY-ST-ZIP NORTH PORT FL ☒ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☒ Change ☐ Addition
SD
BURTON, DOROTHY
532 PARKWOOD AVE
NORTH PORT FL 34287TITLE T
NAME MURFITT, MARY
STREET ADDRESS 728 FAIRMOUNT DRIVE
CITY-ST-ZIP NORTH PORT FL 34287 ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN BARRETT
Carolyn Barrett (941) 426-1976
Date 3/3/97 Daytime Phone # 0084570

CR2E037 (9/96)