

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708412** (2)

1. Corporation Name

HARBOR COVE CIVIC ASSOCIATION, INC.



Principal Place of Business	Mailing Address
499 IMPERIAL DRIVE HARBOR COVE NORTH PORT FL 34287	499 IMPERIAL DRIVE HARBOR COVE NORTH PORT FL 34287

3. Date Incorporated or Qualified	02/02/1965
4. FEI Number	65-0156330
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
BARRETT, CAROLYN 647 FAIRMOUNT DR. NORTH PORT FL 34287	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 M Barrett DATE 2/2/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BARRETT, CAROLYN
STREET ADDRESS	647 FAIRMOUNT DR.
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	DZIUBA, JOHN
STREET ADDRESS	715 BLACKBURN BLVD
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SCHNEIDER, RICHARD
STREET ADDRESS	715 RIVERVIEW CIR.
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BURTON, DOROTHY
STREET ADDRESS	532 PARKWOOD AVE
CITY-ST-ZIP	NORTH PORT FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MURFITT, MARY
STREET ADDRESS	728 FAIRMOUNT DRIVE
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD-1 Schneider, Richard
2.3 STREET ADDRESS	715 Riverview Cir.
2.4 CITY-ST-ZIP	North Port FL 34287
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPD-2 Adams, Elizabeth
3.3 STREET ADDRESS	554 Parkwood Ave.
3.4 CITY-ST-ZIP	North Port FL 34287
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Zollers, Mary
4.3 STREET ADDRESS	711 Fairmount Drive
4.4 CITY-ST-ZIP	North Port FL 34287
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T Rife, Molly
5.3 STREET ADDRESS	544 Tampico Drive
5.4 CITY-ST-ZIP	North Port FL 34287
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 Carolyn M Barrett DATE 2/2/98 941 426 1976

CR2E037 (10/97)