

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90025 013 ****61.25

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DOCUMENT # 708412

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

02/02/1965

4. FEI Number

65-0156330

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

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

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

TITLE **PD** ☐ DELETE

NAME **BARRETT, CAROLYN**

STREET ADDRESS **647 FAIRMOUNT DR.**

CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VPD** ☐ DELETE

NAME **SCHNEIDER, RICHARD**

STREET ADDRESS **715 RIVERVIEW CIRCLE**

CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VPD** ☐ DELETE

NAME **ADAMS, ELIZABETH**

STREET ADDRESS **554 PARKWOOD AVE**

CITY-ST-ZIP **NORTH PORT FL 34257**

TITLE **SD** ☒ DELETE

NAME **BURTON, DOROTHY**

STREET ADDRESS **532 PARKWOOD AVE**

CITY-ST-ZIP **NORTH PORT FL**

TITLE **TD** ☐ DELETE

NAME **RIFF, MOLLY**

STREET ADDRESS **544 TAMPICO DRIVE**

CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SD
Mary Zollers
711 Fairmount Dr
North Port FL 34287

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

MOLLY RIFE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

941-423-2989

Daytime Phone #

CR2E037 (1/98)