

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90028 031 ****61.25

DOCUMENT # 708412 1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0156330	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OLDHAM, SUSAN 367 TRAILORAMA DR. NORTH PORT FL 34287			7. Name and Address of New Registered Agent Name SLAWIAK, Eugene Street Address (P.O. Box Number is Not Acceptable) 609 Fairmount Dr City North Port FL Zip Code 34287		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Eugene Slawiak</u> DATE <u>2/1/04</u> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZOLLERS, MARY 711 FAIRMONT DR NORTH PORT FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLAWIAK, CAROLYN 609 FAIRMONT DRIVE NORTH PORT FL 34287	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLDHAM, SUSAN 367 TRAILORAMA DR. NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPB SLAWIAK, EUGENE 608 FAIRMOUNT DR. NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2 Richard Schneider 715 Riverview Cir North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLAWIAK, EUGENE 609 FAIRMOUNT DR. North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2 Richard Schneider 715 Riverview Cir North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carolyn Slawiak</u> <u>CAROLYN SLAWIAK Treas</u> <u>2/1/04</u> <u>941-423-0186</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E037 (11/03)

4. FEI Number **65-0156330** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLDHAM, SUSAN
367 TRAILORAMA DR.
NORTH PORT FL 34287

Name **SLAWIAK, Eugene**
 Street Address (P.O. Box Number is Not Acceptable)
609 Fairmount Dr
 City **North Port** **FL** Zip Code **34287**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eugene Slawiak DATE 2/1/04
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
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CITY-ST-ZIP
SD
ZOLLERS, MARY
711 FAIRMONT DR
NORTH PORT FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SLAWIAK, CAROLYN
609 FAIRMONT DRIVE
NORTH PORT FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OLDHAM, SUSAN
367 TRAILORAMA DR.
NORTH PORT FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SLAWIAK, EUGENE
609 FAIRMOUNT DR.
North Port, FL 34287
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPB
SLAWIAK, EUGENE
608 FAIRMOUNT DR.
NORTH PORT FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP 2
Richard Schneider
715 Riverview Cir
North Port, FL 34287
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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SIGNATURE: Carolyn Slawiak CAROLYN SLAWIAK Treas 2/1/04 941-423-0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR