

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90029 050 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

SLAWIAK, EUGENE
609 FAIRMOUNT DR.
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name

Geidel, Ruth

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

506 Tampica Dr.

North Port,

City

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

Ruth Geidel Treasurer

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

(NOTE: Registered Agent signature required when renewing)

DATE

March 13, 2006

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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

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

TITLE P ☒ Delete
NAME SLAWIAK, EUGENE
STREET ADDRESS 609 FAIRMOUNT DR.
CITY-ST-ZIP NORTH PORT FL 34287

TITLE T ☐ Delete
NAME GEIDEL, RUTH
STREET ADDRESS 506 TAMPICO DR
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VP ☒ Delete
NAME POWELL, GEORGE
STREET ADDRESS 404 BLACKBURN CT
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME President
STREET ADDRESS George Powell
CITY-ST-ZIP 404 Blackburn Blvd.
North Port, FL 34287

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

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

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Vincent Ribaud
CITY-ST-ZIP 741 Riverview
North Port, FL 34287

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Ruth Geidel Treasurer

3/13/06 941 426 7419