

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # 720803

1. Entity Name

LEASEHOLDERS' ASSOCIATION OF HARBOR COVE,  
INC.



**FILED  
Mar 14, 2005 8:00 am  
Secretary of State**

03-14-2005 90094 005 \*\*\*\*61.25

Principal Place of Business		Mailing Address	
499 IMPERIAL DR. NORTH PORT FL 34287-8502 US		205 WOLVERINE AVE NORTH PORT FL 34287-1502 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-1696264	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	
BROWN, PATRICIA 334 TRAILORAMA DR. NORTH PORT FL 34287		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINGLER, JAMES 205 WOLVERINE ST NORTH PORT FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGRATH, ELINOR 508 BLACKBURN BLVD NORTH PORT FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZASKI, JON 211 WOLVERINE NORTH PORT FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, RICHARD 533 IDEAL PL NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARL PARTLOW 206 MARLETTE DR NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALTERS, DOROTHY 533 IDEAL PL. NORTH PORT FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *James F. Rengler James F. RINGLER* **3-7-05** **941-423-2426**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #