

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90028 041 \*\*\*\*61.25

**DOCUMENT # 720803**

1. Entity Name  
**LEASEHOLDERS' ASSOCIATION OF HARBOR COVE,  
INC.**



Principal Place of Business

**499 IMPERIAL DR.  
NORTH PORT, FL 34287-8502 US**

Mailing Address

**205 WOLVERINE AVE  
NORTH PORT, FL 34287-1502 US**

**40036512**



01302007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1696264**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, PATRICIA  
334 TRAILDRAMA DR.  
NORTH PORT, FL 34287**

*JAMES, RINGLEE  
205, Wolverine Ave  
North Port, FL 34287*

**DO NOT WRITE  
IN THIS SPACE**

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

*James Ringlee James Ringlee, President*

*3-6-07*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RINGLER, JAMES  
STREET ADDRESS 205 WOLVERINE ST  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE SD  
NAME MCGRATH, ELINOR  
STREET ADDRESS 508 BLACKBURN BLVD  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE D  
NAME ZASKI, JON  
STREET ADDRESS 211 WOLVERINE  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE D  
NAME ATNERTON, GLADYS  
STREET ADDRESS 505 WINDSOR PL  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE VD  
NAME ~~BROWN, PATRICIA~~ *Walters, Carol*  
STREET ADDRESS ~~334 TRAILDRAMA DR~~ *313 Marlette ST*  
CITY-ST-ZIP ~~NORTH PORT, FL 34287~~ *North Port, FL 34287*

TITLE TD  
NAME WALTERS, DOROTHY  
STREET ADDRESS 533 IDEAL PL.  
CITY-ST-ZIP NORTH PORT, FL 34287

**DO NOT WRITE  
IN THIS SPACE**

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

*James Ringlee James Ringlee*

*3-6-07*

*941 423-2426*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #