

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)

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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 *JAMES, RINGLEE*
334 TRAILDRAMA DR. *205, Wolverine Ave*
NORTH PORT, FL 34287 *North Port, FL 34287*

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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 NAME STREET ADDRESS CITY - ST - ZIP	PD RINGLER, JAMES 205 WOLVERINE ST NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCGRATH, ELINOR 508 BLACKBURN BLVD NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZASKI, JON 211 WOLVERINE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ATNERTON, GLADYS 505 WINDSOR PL NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, PATRICIA <i>Walters, Carol</i> 334 TRAILDRAMA DR <i>313 Marlette ST</i> NORTH PORT, FL 34287 <i>North Port, FL 34287</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALTERS, DOROTHY 533 IDEAL PL. NORTH PORT, FL 34287

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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 #