


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 21, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # 720803</b> 1. Entity Name LEASEHOLDERS' ASSOCIATION OF HARBOR COVE, INC.	
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Principal Place of Business 499 IMPERIAL DR. NORTH PORT, FL 34287-8502 US	Mailing Address 205 WOLVERINE AVE NORTH PORT, FL 34287-1502 US
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**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1696264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

RINGLER, JAMES  
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 Ringler, James Ringler, President 2/15/08  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 H ATNERTON, GLADYS 505 WINDSOR PL NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALTERS, CAROL 313 MARLETTE ST NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALTERS, DOROTHY 533 IDEAL PL. NORTH PORT, FL 34287

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02/28/08-80034-013 61.25

**DO NOT WRITE  
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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 F. Ringler 941-423-2426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #