

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720803

FILED  
Jan 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

499 IMPERIAL DR.  
NORTH PORT, FL 342878502 US

**New Principal Place of Business:**

**Current Mailing Address:**

205 WOLVERINE AVE  
NORTH PORT, FL 342871502 US

**New Mailing Address:**

**FEI Number:** 59-1696264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RINGLER, JAMES  
205 WOLVERINE AVE  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RINGLER, JAMES  
Address: 205 WOLVERINE ST  
City-St-Zip: NORTH PORT, FL 34287

Title: SD ( ) Delete  
Name: MCGRATH, ELINOR  
Address: 508 BLACKBURN BLVD  
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete  
Name: ZASKI, JON  
Address: 211 WOLVERINE  
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete  
Name: ATNERTON, GLADYS  
Address: 505 WINDSOR PL  
City-St-Zip: NORTH PORT, FL 34287

Title: VD ( ) Delete  
Name: WALTERS, CAROL  
Address: 313 MARLETTE ST  
City-St-Zip: NORTH PORT, FL 34287

Title: TD ( ) Delete  
Name: WALTERS, DOROTHY  
Address: 533 IDEAL PL.  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COON, NANNETTE  
Address: 522 IDEAL PLACE  
City-St-Zip: NORTH PORT, FL 34287

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. RINGLER

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date