2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# 720803

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
Name: RINGLER, JAMES
Address: 205 WOLVERINE ST
City-St-Zip: NORTH PORT, FL 34287

Title: SD
Name: ATTANASIO, DIANA
Address: 223 TRAILORAMA
City-St-Zip: NORTH PORT, FL 34287

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

Title: D
Name: COON, NANNETTE
Address: 522 IDEAL PLACE
City-St-Zip: NORTH PORT, FL 34287

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES F. RINGLER PRES 01/07/2010

Electronic Signature of Signing Officer or Director — Date