

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90179 038 ****61.25

DOCUMENT # 728892

1. Entity Name

**SEXTON COVE ESTATES, PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

PO BOX 1852
P.O. BOX 1852
KEY LARGO FL 33037
US

Mailing Address

P.O. BOX 1852
KEY LARGO FL 33037
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2409276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOW, ROBERT
8 SNIPE RD
KEY LARGO FL 33037**

Name **DAVID L. GILBERT**
Street Address (P.O. Box Number is Not Acceptable)
8 FLAMINGO ROAD
City **KEY LARGO** FL Zip Code **33037**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
NAME **THACKER, KAY**
STREET ADDRESS **9 SNIPE RD**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **DAVID L. GILBERT**
STREET ADDRESS **8 FLAMINGO ROAD**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **VP** ☐ Delete
NAME **ALVEREZ, LUCIANO**
STREET ADDRESS **19 SWALLOW RD**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **HARRIET SAMAR**
STREET ADDRESS **23 SWALLOW RD**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **T** ☒ Delete
NAME **BOW, PATRICIA**
STREET ADDRESS **8 SNIPE ROAD**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **BOW, ROBERT**
STREET ADDRESS **8 SNIPE RD**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **David L. Gilbert** **DAVID L. GILBERT** **2-20-06 (305) 451-2020**