

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # 736699 (0)**

1. Corporation Name  
**PROPERTY OWNERS OF GULF COVE, INC.**



Principal Place of Business: **12565 FELDMAN AVE. PORT CHARLOTTE FL 33981**  
Mailing Address: **P. O. BOX 27112 EL JOBEAN FL 33927 US**

3. Date Incorporated or Qualified: **08/27/1976**  
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1709441		<input checked="" type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**WICHERT, MRS MURL**  
**12565 FELDMAN AVE.**  
**PORT CHARLOTTE FL 33981**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P CHET VAN AKEN</b>	1.2 NAME	
STREET ADDRESS	<b>2381 RISKEN TERR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V KUHLMAN, CLAIRE</b>	2.2 NAME	<b>V Leroy Beck</b>
STREET ADDRESS	<b>5738 DAVID BLVD.</b>	2.3 STREET ADDRESS	<b>5464 Mahoney St</b>
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	2.4 CITY-ST-ZIP	<b>Port Charlotte FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S ROSE WALLCE</b>	3.2 NAME	<b>S Joy Eckbreth</b>
STREET ADDRESS	<b>4171 ATTAWAY LANE</b>	3.3 STREET ADDRESS	<b>5217 Boyle Terrace</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	3.4 CITY-ST-ZIP	<b>Port Charlotte FL</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T HILDEGARD CLARK</b>	4.2 NAME	
STREET ADDRESS	<b>5206 HOPKINS AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D RANDALL MOORE</b>	5.2 NAME	<b>D Claire Kuhlman</b>
STREET ADDRESS	<b>5584 GILLOTT BLVD</b>	5.3 STREET ADDRESS	<b>5738 David Blvd</b>
CITY-ST-ZIP	<b>PT. CHARLOTTE FL</b>	5.4 CITY-ST-ZIP	<b>Port Charlotte FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ROBERT BROWN</b>	6.2 NAME	<b>D Lenny Boutiette</b>
STREET ADDRESS	<b>5185 NEVILLE TERR.</b>	6.3 STREET ADDRESS	<b>5244 Early Terr.</b>
CITY-ST-ZIP	<b>PT. CHARLOTTE FL</b>	6.4 CITY-ST-ZIP	<b>Port Charlotte FL.</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hildegard R Clark 4/30/96 941-698-0677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)