

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

**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**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 33927-7112  
US**

3. Date Incorporated or Qualified **08/27/1976** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1709441</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

**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**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
	<b>FL</b> B5 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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHET VAN AKEN</b>	1.2 NAME	
STREET ADDRESS	<b>2361 RISKEN TERR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BECK, LEROY</b>	2.2 NAME	<b>White, Norman</b>
STREET ADDRESS	<b>5464 MAHONEY ST</b>	2.3 STREET ADDRESS	<b>2369 Risken Terr.</b>
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	2.4 CITY-ST-ZIP	<b>Port Charlotte, F.</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKBRETH, JOY</b>	3.2 NAME	
STREET ADDRESS	<b>5217 BYLE TERR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HILDEGARD CLARK</b>	4.2 NAME	<b>Anderson, Marilyn</b>
STREET ADDRESS	<b>5206 HOPKINS AVE.</b>	4.3 STREET ADDRESS	<b>5446 Stokes ST.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	4.4 CITY-ST-ZIP	<b>Port Charlotte, FL.</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUHLMAN, CLAIRE</b>	5.2 NAME	
STREET ADDRESS	<b>5738 DAVID BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT. CHARLOTTE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUTIETTE, LENNY</b>	6.2 NAME	
STREET ADDRESS	<b>5244 EARLY TERR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT. CHARLOTTE FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)