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Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
12565 FELDMAN AVE. P. O. BOX 27112
PORT CHARLOTTE FL 33981 EL JOBEAN FL 33927
US

3. Date Incorporated or Qualified
08/27/1976
4. FEI Number Applied For
59-1709441 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CHET VAN AKEN	1.1 TITLE	
NAME	2361 RISKEN TERR.	1.2 NAME	
STREET ADDRESS	PORT CHARLOTTE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V WHITE, NORMAN	2.1 TITLE	
NAME	2389 RISKEN TERR	2.2 NAME	Biacchi, Louis
STREET ADDRESS	PT CHARLOTTE FL	2.3 STREET ADDRESS	5929 Gillot Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Port Charlotte, Fl. 33981
TITLE	S ECKBRETH, JOY	3.1 TITLE	
NAME	5217 BYLE TERR	3.2 NAME	Lesley, Peggy
STREET ADDRESS	PORT CHARLOTTE FL	3.3 STREET ADDRESS	5052 Duprell Terr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port Charlotte, Fl. 33981
TITLE	T ANDERSON, MARILYN	4.1 TITLE	
NAME	5448 STOKES ST	4.2 NAME	
STREET ADDRESS	PORT CHARLOTTE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KUHLMAN, CLAIRE	5.1 TITLE	
NAME	5738 DAVID BLVD	5.2 NAME	
STREET ADDRESS	PT. CHARLOTTE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BOUTINETTE, LENNY	6.1 TITLE	
NAME	5244 EARLY TERR	6.2 NAME	
STREET ADDRESS	PT. CHARLOTTE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Marilyn Anderson* 2-19-98 (94) 697-3458

CP2E037 (10/97)