


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90034 036 ****61.25

DOCUMENT # 762005			
1. Entity Name SOUTH GULF COVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business PO BOX 977 PLACIDA, FL 33946-0977 US		Mailing Address PO BOX 977 PLACIDA, FL 33946-0977 US	
2. Principal Place of Business - No P.O. Box # 14859 INGRAHAM BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Port CHARLOTTE, FL		City & State	
Zip 33981	Country CHARLOTTE	Zip	Country
4. FEI Number 59-2572103		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURTIS, DENNIS 9348 SPRING CIR PORT CHARLOTTE, FL 33981		7. Name and Address of New Registered Agent Name PRICE, KAREN Street Address (P.O. Box Number is Not Acceptable) 15546 VISCOUNT CIRCLE City PORT CHARLOTTE FL Zip Code 33981	
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 Karen Price DATE 3/11/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, KEN <input checked="" type="checkbox"/> Delete 9422 ROSEBUD CIR. PORT CHARLOTTE, FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D PRICE, KAREN 15546 VISCOUNT CIRCLE PORT CHARLOTTE FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLSON, ABE <input checked="" type="checkbox"/> Delete 15438 ARON CIRCLE PORT CHARLOTTE, FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D SMAGGHE, VIETTA 15744 MELPORT CIRCLE PORT CHARLOTTE FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, KAREN <input checked="" type="checkbox"/> Delete 15546 VISCOUNT CIRCLE PORT CHARLOTTE, FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/D IRELAND, KAREN 15594 AQUA-CIRCLE PORT CHARLOTTE FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ATKINSON, LINDA <input checked="" type="checkbox"/> Delete 9380 SPRING CIRCLE PORT CHARLOTTE, FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D GRATZ, PATRICIA 9588 APPLIN CIRCLE PORT CHARLOTTE FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CURTIS, DENNIS <input checked="" type="checkbox"/> Delete 9348 SPRING CIR PORT CHARLOTTE, FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D HAUSERMANN, DORU 15600 ALDAMA CIRCLE PORT CHARLOTTE FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POST, MYRON <input checked="" type="checkbox"/> Delete 10552 AYEAR RD. PORT CHARLOTTE, FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D HOLMES BARBARA 15522 ALCOVE CIRCLE PORT CHARLOTTE FL 33981
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Karen Ireland		Date 3/12/2008 941-697-7523	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

00000589




03032008 Chg-NP CR2E037 (12/06)

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

ADDITIONAL DIRECTORS

50000589

DOCUMENT # 762005					
1. Entity Name SOUTH GULF COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 977 PLACIDA, FL 33946-0977 US			Mailing Address PO BOX 977 PLACIDA, FL 33946-0977 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2572103	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CURTIS, DENNIS 9348 SPRING CIR PORT CHARLOTTE, FL 33981			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, KEN		NAME	LEACH, KENDALL	
STREET ADDRESS	9422 ROSEBUD CIR.		STREET ADDRESS	8388 BURWELL CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLSON, ABE		NAME	STEVENS, ERNIE	
STREET ADDRESS	15438 ARON CIRCLE		STREET ADDRESS	9550 SPRING CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, KAREN		NAME		
STREET ADDRESS	15546 VISCOUNT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, LINDA		NAME		
STREET ADDRESS	9380 SPRING CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP		
TITLE	PC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, DENNIS		NAME		
STREET ADDRESS	9348 SPRING CIR		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, MYRON		NAME		
STREET ADDRESS	10552 AYEAR RD.		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Karen Ireland</i>			SIGNATURE: <i>KAREN IRELAND</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/12/2008 Daytime Phone #: 94-691-7523		

ATTACHMENT

FILED
Mar 05, 2007 8:00 am
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-05-2007 90274 001 *****8.75
 03-05-2007 90274 002 *****61.25

5000589

DOCUMENT # 762005 1. Entity Name SOUTH GULF COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 977 PLACIDA, FL 33946-0977 US		Mailing Address: PO BOX 977 PLACIDA, FL 33946-0977 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2572103	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CURTIS, DENNIS 9348 SPRING CIR PORT CHARLOTTE, FL 33981				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, KEN		NAME	LEACH, KENDALL	
STREET ADDRESS	8422 ROSEBUD CIR.		STREET ADDRESS	8888 GURWELL CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLSON, ABE		NAME	POST, MIKE	
STREET ADDRESS	15438 ARON CIRCLE		STREET ADDRESS	10552 AYEAR ROAD	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, KAREN		NAME	SURETTE SURETTE, EDWARD	
STREET ADDRESS	15548 VISCOUNT CIRCLE		STREET ADDRESS	9276 SPRING CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINSON, LINDA		NAME	IRELAND, KAREN	
STREET ADDRESS	9380 SPRING CIRCLE		STREET ADDRESS	1594 AQUA CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	PC	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURTIS, DENNIS		NAME	PAIN, SHARON	
STREET ADDRESS	9348 SPRING CIR		STREET ADDRESS	15108 AQUARIUS CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	STEVENS, ERNE D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, MYRON		NAME	STEVENS, ERNE	
STREET ADDRESS	10552 AYEAR RD.		STREET ADDRESS	9550 SPRING CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
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SIGNATURE: <u>Edward Surette, Secretary</u> Date: 2-25-07 647-9523					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					