

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762005

FILED
Apr 21, 2009
Secretary of State

Entity Name: SOUTH GULF COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14859 INGRAHAM BLVD
PORT CHARLOTTE, FL 33981 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 977
PLACIDA, FL 339460977 US

New Mailing Address:

FEI Number: 59-2572103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, KAREN
15546 VISCOUNT CIRCLE
PORT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: PRICE, KAREN
Address: 15546 VISCOUNT CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: V/D () Delete
Name: SMAGGHE, VIETTA
Address: 15744 MELPORT CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: S/D () Delete
Name: IRELAND, KAREN
Address: 15594 AQUA CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: TD () Delete
Name: GRATZ, PATRICIA
Address: 9588 APPLIN CIR
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D () Delete
Name: HAUSERMANN, DORLI
Address: 15600 ALDAMA CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D () Delete
Name: HOLMES, BARBARA
Address: 15522 ALCOVE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/D (X) Change () Addition
Name: STERNBERG, JOHN
Address: 8384 ANTWERP CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change () Addition
Name: GIRALDI, JOSEPH
Address: 8199 CLYDE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN IRELAND

Electronic Signature of Signing Officer or Director

S/D

04/21/2009

Date