FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768932 (6)

1. Corporation Name
PORT CARLOS COVE, INC.

Principal Place of Business	Mailing Address
1802 MAIN STREET FORT MYERS BEACH FL 33931	1802 MAIN STREET FORT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1983
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2234528 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $55.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

COTTER, RICHARD T.
6100 ESTERO BLVD
FORT MYERS FL 33902

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☒ Addition
NAME	SUTHERLAND, MARIANNE	12 NAME	PEGGY J. SELLERS
STREET ADDRESS	12 GALLEON WAY	13 STREET ADDRESS	89 Blackbeard Way
CITY-ST-ZIP	FT. MYERS BEACH FL	14 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	D	21 TITLE	VP ☒ Change ☐ Addition
NAME	RITTER, ASTOR R.	22 NAME	MARIANNE SUTHERLAND
STREET ADDRESS	142 BARBADOS WAY	23 STREET ADDRESS	12 GALLEON WAY
CITY-ST-ZIP	FT. MYERS BCH FL	24 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	T	31 TITLE	T ☒ Change ☐ Addition
NAME	NICHOLSON, ROBERT	32 NAME	ASTOR RITTER
STREET ADDRESS	34 DOUBLOON WAY	33 STREET ADDRESS	142 BARBADOS WAY
CITY-ST-ZIP	FT. MYERS BEACH FL	34 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	S	41 TITLE	S ☐ Change ☒ Addition
NAME	ANDERSON, CHARLES	42 NAME	JOAN FEEHAN
STREET ADDRESS	84 BLACKBEARD WAY	43 STREET ADDRESS	67 CORTEZ WAY
CITY-ST-ZIP	FT. MYERS BEACH FL	44 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	VP	51 TITLE	P ☐ Change ☒ Addition
NAME	CONSOLLOY, JAMES	52 NAME	JOSEPH OTOCKI
STREET ADDRESS	89 BLACKBEARD WAY	53 STREET ADDRESS	83, BLACKBEARD WAY
CITY-ST-ZIP	FT. MYERS BCH FL	54 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	ATS	61 TITLE	D ☐ Change ☒ Addition
NAME	TRIPLEHORN, BEVERLY	62 NAME	JOHN WALTER
STREET ADDRESS	144 BARBADOS WAY	63 STREET ADDRESS	139 GARCIA WAY
CITY-ST-ZIP	FT. MYERS BEACH FL	64 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931

5/16

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: Richard T. Cotter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Aston Ritter - Treasurer

4/21/95
Date

813-463-5757
Daytime Phone #

0010714