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May 19 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 # **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 33931-3414

3. Date Incorporated or Qualified: **06/15/1983**
3a. Date of Last Report: **04/01/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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 _____ 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	D	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	FEEHAN, JOAN		1.2 NAME	Astor Ritter	
STREET ADDRESS	67 CORTEZ WAY		1.3 STREET ADDRESS	142 Barbados Way	
CITY-ST-ZIP	FT MYERS BEACH FL 33931		1.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	D	☒ DELETE	2.1 TITLE	V	☐ Change ☐ Addition
NAME	OTOCKI, JOSEPH		2.2 NAME	Aileen Fox	
STREET ADDRESS	83 BLACKBEARD WAY		2.3 STREET ADDRESS	91 blackbeard Way	
CITY-ST-ZIP	FT MYERS BEACH FL 33931		2.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	WALTER, JOHN		3.2 NAME	William Olney	
STREET ADDRESS	139 GARCIA WAY		3.3 STREET ADDRESS	48A Doubloon Way	
CITY-ST-ZIP	FT MYERS BEACH FL 33931		3.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, CHARLES		4.2 NAME		
STREET ADDRESS	84 BLACKBEARD WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SELLERS, PEGGY J		5.2 NAME		
STREET ADDRESS	89 BLACKBEARD WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH FL 33931		5.4 CITY-ST-ZIP		
TITLE	ATS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TRIPLEHORN, BEVERLY		6.2 NAME		
STREET ADDRESS	144 BARBADOS WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: Richard T. Cotter ATTY Astor Ritter, Treasurer 5/19
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067155