2008 NOT-EOD-DDOELT CODDODATION

FILED Jan 29, 2008 8:00 am Secretary of State

01-29-2008 90014 014 ****61.25

ANNUAL REPORT	
DOCUMENT # 768932	3211
1. Entity Name PORT CARLOS COVE, INCORPORATED	

Principal Place of Business Mailing Address 1802 MAIN STREET 1802 MAIN STREET FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chq-NP CR2E037 (12/06) City & State 4. FEI Number 59-2234528 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHIELDS, CHRIS Street Address (P.O. Box Number is Not Acceptable) 1833 HENDRY ST. FORT MYERS, FL 33901 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE □ Delete ☐ Change ■ Addition WIESENAUER, ROBERT NAME NAME STREET ADDRESS 95 BLACKSAND WAY STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CfTY-ST-ZIP TOTLE ☐ Delete TITLE ☐ Change ☐ Addition HOBOT, RICHARD NAME NAME STREET ADDRESS 91 BLACKBEARD WAY STREET ADDRESS CITY-ST-ZIP FT MYERS BEACH, FL 33931 CITY-ST-7IP VP TITLE TITLE ☐ Change Addition ☐ Delete ARENDT, WILLIAM NAME STREET ADDRESS 11 GALLEON WAY STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition MARSHALL, MURIELL NAME 81 BLACKBRAND WAY STREET ADDRESS STREET ADORESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP (Delete TITLE ☐ Change ☐ Addition TRIPLEHORN, BEVERLY NAME NAME 15371 TAHITIAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 entaching my with an address, with all other like empowered.

SIGNATURE:

ATSB SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

biz.org - Department of State	ATTACHMENT	https://efile.sunbiz.org/scripts/ul
Zip Code & Country	133931 HOO12	.363
	# 7001	
Name And Address #4	<u> </u>	
Title	s	
Name (Last, First, Middle, Title) - OR -	MARSHALL , MURID MURIEL	,
Entity Name to serve as Officer/Di	rector	_
Street Address	81 BLACKBRAND WAY	
City, State	FORT MYERS BEACH , FL	
Zip Code & Country	33931	
Name And Address #5		
Title	ATSD	
Name (Last, First, Middle, Title) - OR -	MELSON ,JUDITH ,	<u></u>
Entity Name to serve as Officer/Di	rector	
Street Address	140 GARCIA WAY	
City, State	FORT MYERS BEACH , FL	
Zip Code & Country	33931	
Name And Address #6		
Title		
Name (Last, First, Middle, Title)	- , , , ,	
- OR -		
Entity Name to serve as Officer/Di	rector	
Street Address		<u> </u>
City, State	,	
Zip Code & Country		
An individual named above or an individ	lual signing on behalf of an entity named above mu ture' block below. A corporate name is not allowed	ust type in this
block.		
block.	ATSD	

biz.org - Department of State	· · · · · · · · · · · · · · · · · ·			\sim	
Zip Code & Country 3390		MENT HOOL	<u> </u>	<u> </u>	
		# 1081	Ja	 1	
If there is a change in registered agent, the 'Registered Agent Signature' block below to signature must be an individual name. If the their behalf. A business entity cannot serve	to accept the designa ne RA is a business e	ation of registered ag	ent. RA	on	
Registered Agent Signature					
This signature must be that of the indiversely made with the full knowledge and permeters under s.831.06, Florida Statute	nission of the indivi	document electron dual, otherwise it c	nically or onstitute	be es	
Officer/Director Name And Addres	SS				
Name And Address #1					
Title	Т				
Name (Last, First, Middle, Title)	WIESENAUER	,ROBERT	,	,	
Entity Name to serve as Officer/Direct	ctor			_	
Street Address	95 BLACKSAN	D WAY		-	
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City, State	FORT MYERS	BEACH , F			
City, State Zip Code & Country	FORT MYERS	BEACH , F	L		
	33931	BEACH , F	L.		
Zip Code & Country Name And Address #2 Title	33931 F	,			
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Zip Code & Country Name And Address #2 Title	33931 P HOBOT	,		,	
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Name And Address #2 Title Name (Last, First, Middle, Title) - OR - Entity Name to serve as Officer/Direct Street Address	P HOBOT	,[RICHARD		,	
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