

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768932

FILED
Jan 26, 2009
Secretary of State

Entity Name: PORT CARLOS COVE, INCORPORATED

Current Principal Place of Business:

1802 MAIN STREET
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

1802 MAIN STREET
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 59-2234528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRIS
1833 HENDRY ST.
FORT MYERS, FL 33901 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: T () Delete
Name: WIESENAUER, ROBERT
Address: 95 BLACKSAND WAY
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: P () Delete
Name: HOBOT, RICHARD
Address: 91 BLACKBEARD WAY
City-St-Zip: FT MYERS BEACH, FL 33931

Title: VP () Delete
Name: ARENDT, WILLIAM
Address: 11 GALLEON WAY
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: S () Delete
Name: MARSHALL, MURIELL
Address: 81 BLACKBRAND WAY
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: ATSD () Delete
Name: MELSON, JUDITH M
Address: 140 GARCIA WAY
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: BARNES, MARTY
Address: 63 MAIN STREET
City-St-Zip: FORT MYERS BEACH, FL 33931

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: JUDITH M. MELSON

ATSD

01/26/2009

Electronic Signature of Signing Officer or Director

Date