2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 05, 2004 08:00 AM Secretary of State

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1. Enhty Name SILVER COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

727 VIA TRIPOLI UNIT A-111 PUNTA GORDA, FL 33950 Mailing Address

727 VIA TRIPOLI

UNIT A-111 PUNTA GORDA, FL 33950



DO NOT WRITE IN THIS SPACE

82242004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 31-1102212

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTY, FRED 121 EAST CHARLOTTE AVENUE PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pulions of registered agent.	urpose of changing its registered	o office or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept	
SIGNATURE	Signature typed or printed name of registered agent and title if	applicable (FIOTE: Registered	Agent agnature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financ Trust Fund Contribution.	ong 🔲	\$5.00 May Be Added to Fees	U0000007736S	
10.	OFFICERS AND DIREC	TORS			- 03/05/04-80039-003 61:25	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD CHRISTY, FRED 1818 WESLEY DRIVE UNIT B111 PUNTA GORDA, FL 33950	_				
THE NAME STREET ADDRESS CITY-ST-ZP	VPD GARDNER, RICHARD F 1318 WESLEY DRIVE A123 PUNTA GORDA, FL 33950					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CUMMINS, GAIL 1318 WESLEY DRIVE B-122 PUNTA GORDA, FL 33950		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
THE NAME STREET ADDRESS CHY-ST-ZP						
TITLE NAME STREET ADDRESS OTY-ST-ZIP						
12. I hereby	certify that the information supplied with this fill	ing does not qualify for the exen	notion state	d in Section 119.07(3)	(i), 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 of 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 attachment with an address, with all other like exprowered.

SIGNATURE: .

ICER OR DIRECTOR