

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 771052

1. Entity Name
SILVER COVE CONDOMINIUM ASSOCIATION, INC.



FILED

05 MAY 10 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
31-1102212

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CHRISTY, FRED
STREET ADDRESS 1818 WESLEY DRIVE UNIT B111
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME GARDNER, RICHARD F
STREET ADDRESS 1318 WESLEY DRIVE A123
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS Devaney, Leslie A.
CITY-ST-ZIP 727 Via Tripoli A122
Punta Gorda, FL 33950

TITLE STD ☐ Delete
NAME CUMMINS, GAIL
STREET ADDRESS 1318 WESLEY DRIVE B-122
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700054747167
CITY-ST-ZIP 05/18/05--01059--005 **\$61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

Fred Christy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05
Date

Daytime Phone #