FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H53512

(0)

HARBOR COVE HOMEOWNERS ASSOCIATION INCORPORATED

Principal Place of Business Mailing Address					1 EMMINIAL MEMI MITMA IIINES MESAMA ETINUT	KINI MINIL AINIL MINIL NEKEL DI	·A(1 A1811 \$88)
540 PARKWOOD AVE. P O BOX 7918							
NORTH PORT FL 34287		NORTH PORT FL 34287-09 US	NORTH PORT FL 34287-0918				
US		US .			3. Date Incorporated or Qualif	ed 3a. Date of Las	t Report
					04/23/1985	03/08/1990	
2. Principal P	lace of Business	2a. Mailing Address	18011	——————————————————————————————————————	4. FEI Number		Applied For
21 2		26	26		59-2526827	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional	
22 27					3. October 31 3,4,50 233,103	Fee	Required
City & State		City & State		6. Election Campaign Financin		\$5.00 May Be	
23	Country	28	Coun	*****	Trust Fund Contribution		ed to Fees
Ζιρ 24	}	Zip	Coun 30	uy	This corporation has liability Florida Statutes	for intangible tax under	∌r s. 199.032,
24	25 9. Name and Address of Curre	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30		10. Name and Address of Nev		
A) CC			i	31 Nam	· · · · · · · · · · · · · · · · · · ·		
ALFRED J. DAEGER							
540 PARKWOOD AVE. NORTH PORT FL 34287				82 Street Address (P.O. Box Number is Not Acceptable)			
NON	IIII FUNI FL 34201		ļ.	33			"·····
			Ļ				
			ין	34 City		FL 85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.83	02 and 607 1508, Florida Statut	es, the ab	ove-name	ed corporation submits this statement for		g its registered
office or r	registered agent, or beth, in the Sta	le pri Topida, Such change was a	authorized orida Statu	by the o	ed corporation submits this statement for to prporation's board of directors. I heraby a	ccept the appointment	as registered
agent 10	am familiar with a recent of collinar with a	DV Men		,03.		01-17-07	
SIGNATURE	Signature Special pointed name of constants a	gent of the it applicable. (NOT	E: Bagistered	Agent signat	ure required when reinstaling)	01-17-97 DATE	
12.	·····	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O		
TITLE	TSD	[_] DELETE	1.1 TITL	E		Chan-	ge 🔲 Addition
NAME	DAEGER, ALFRED J.		1.2 NAN	Æ			
STREET ADDRESS	540 PARKWOOD AVE.		1.3 \$TR	EET ADDRES	s		
CITY - ST - ZIP	NORTH PORT FL			Y-ST-ZIP			F-1 4 4 191
TITLE	PD	A DELETE	2 1 1111		PD	Chan	ge Addition
NAME	MORRIS, JAMES		2 2 NAM		ERFOURTH, LYLE		
STREET ADDRESS	371 TRAILORAMA DRIVE		1	EET ADDRES			
CITY - ST - ZIP	NORTH PORT FL	DELETE		Y-ST-ZIP	North Port, Fl.	3428 7	an I I ddillan
TITLE	D COTTEDMAN CALLY	M DEFENE	31 1110		DZIUBA, JOHN	Chan	ge Addition
NAME STREET ADODUSE	Cotterman, Sally 638 Fairmount Drive		3 2 NA	al Eet addres		, A	
STREET ADDRESS	NORTH PORT FL		1		North Port. Fl.		
CITY-S1-ZIP	VO	XX DELETE	3.4. UII	Y-ST-ZIP F	VD	Chan	ge Addition
NAME	ERFOURTH, LYLE	May offert	4. 2 NA		MARTIN, LEO	* 3.000	g. <u></u> / monitott
	723 RIVERVIEW CIRCLE		43 870	FFT ANNRES	S ALR Princent The	A Commence of the Commence of	
STREET ADDRESS	NORTH PORT FL		4.0 G IT	, ADDINES	648 Fairmount Dr. North Port, Fl. 3	1,000	
TITLE	D	▼ DELETE	5.1 T(T)	. <u> </u>	THE PURIL PLANT	4207 Chan	ige Addition
NAME	UNGRODT, RICHARD	***	5.2 NAM				
STREET ADDRESS	409 BLACKBURN		1	EET ADDRES	s		
CITY - ST - ZIF	NORTH PORT FL			Y-ST-ZIP			
TITLE		DELETE	6.1 TITI			☐ Chan	ige Addition
NAME			6.2 NA	Æ			
STREET ADDRESS			6.3 STF	EET ADDRES	s	•	
CITY - ST - ZIP				Y-ST-ZIP			
14. I do here	by certify that the information suppl	ied with this filing does not quali	fy for the e	exemption	n stated in Section 119.07(3)(i), Florida St and that my signature shall have the same	tutes. I further certify t	hat the
Information and	on inclicated on this abbuar report of officer or director of the corporation	c supplemental annual report is to or the receiver or hustee empoy	vered to ex	courate a	ind that my signature shall have the same is report as required by Chapter 607, Flor	ida Statutes; and that r	ny name

SIGNATURE:

appears in Block 12 or Block

GIONATURI AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

01<u>-17-9</u>7

FILED

Jan 24 1997 8:00am

Secretary of State

D LONGUR ALON ANDE NIER BINDE NOM HOL DERLE DIRECTURE DERLE DER DER BIRK DER

941-426-054