


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

FILED
Apr 21 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # H53512 (0)
1. Corporation Name
HARBOR COVE HOMEOWNERS ASSOCIATION INCORPORATED

Principal Place of Business
540 PARKWOOD AVE.
NORTH PORT FL 34287
US

Mailing Address
P O BOX 7818
NORTH PORT FL 34287
US



DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 499 Imperial Dr Suite, Apt. #, etc. 22 City & State 23 North Port, Fl Zip 24 34287 | | 2a. Mailing Address 25 499 Imperial Dr Suite, Apt. #, etc. 27 City & State 28 North Port, Fl Zip 29 34287 | | 3. Date Incorporated or Qualified 04/23/1985 | |
| 2. Principal Place of Business 21 499 Imperial Dr Suite, Apt. #, etc. 22 City & State 23 North Port, Fl Zip 24 34287 | | 2a. Mailing Address 25 499 Imperial Dr Suite, Apt. #, etc. 27 City & State 28 North Port, Fl Zip 29 34287 | | 4. FEI Number 59-2526827 Applied For Not Applicable | |
| 2. Principal Place of Business 21 499 Imperial Dr Suite, Apt. #, etc. 22 City & State 23 North Port, Fl Zip 24 34287 | | 2a. Mailing Address 25 499 Imperial Dr Suite, Apt. #, etc. 27 City & State 28 North Port, Fl Zip 29 34287 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 2. Principal Place of Business 21 499 Imperial Dr Suite, Apt. #, etc. 22 City & State 23 North Port, Fl Zip 24 34287 | | 2a. Mailing Address 25 499 Imperial Dr Suite, Apt. #, etc. 27 City & State 28 North Port, Fl Zip 29 34287 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 2. Principal Place of Business 21 499 Imperial Dr Suite, Apt. #, etc. 22 City & State 23 North Port, Fl Zip 24 34287 | | 2a. Mailing Address 25 499 Imperial Dr Suite, Apt. #, etc. 27 City & State 28 North Port, Fl Zip 29 34287 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent ALFRED J. DAEGER 540 PARKWOOD AVE. NORTH PORT FL 34287 | | 10. Name and Address of New Registered Agent 81 Name President 82 Street Address (P.O. Box Number is Not Acceptable) Kenneth Robey 533 Fleetwood St 83 North Port, Fl 34287 84 City 85 Zip Code FL | |
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Kenneth D. Robey* 4-14-98
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TSD DAEGER, ALFRED J. 540 PARKWOOD AVE. NORTH PORT FL <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | Pres Kenneth Robey 533 Fleetwood St North Port, Fl 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ERFOURTH, LYLE 723 RIVERVIEW CIRCLE NORTH PORT FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | 1st Vice Pres Lee Thomas 730 Blackburn Blvd North Port, Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV DZUBA, JOHN 715 BLACKBURN BLVD NORTH PORT FL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | 2nd V.P. Helen Tyo 702 Fairmount Dr North Port, Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV MARTIN, LEO 348 FAIRMOUNT DRIVE NORTH PORT FL <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | Secretary Mildred Merrit 524 Fleetwood St North Port, Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | Treasurer Evelyn Haines 223 Trailorama Dr North Port, Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Evelyn Haines* (EVELYN HAINES) 4-14-98 426-4464 (941)

CR2E034 (10/97)