

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90038 009 ***150.00

DOCUMENT # H53512

1. Corporation Name

HARBOR COVE HOMEOWNERS ASSOCIATION INCORPORATED

Principal Place of Business

499 IMPERIAL DR
NORTH PORT FL 34287
US

Mailing Address

499 IMPERIAL DR
NORTH PORT FL 34287
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1985

4. FEI Number

59-2526827

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

ROBEY, KENNETH
533 FLEETWOOD ST
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ROBEY, KENNETH
STREET ADDRESS 533 FLEETWOOD ST
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VP ☐ DELETE

NAME THOMAS, LEE
STREET ADDRESS 730 BLACKBURN BLVD
CITY-ST-ZIP NORTH PORT FL

TITLE VP ☐ DELETE

NAME TYO, HELEN
STREET ADDRESS 702 FAIRMOUNT DR
CITY-ST-ZIP NORTH PORT FL

TITLE S ☐ DELETE

NAME MERRIT, MILDRED
STREET ADDRESS 524 FLEETWOOD ST
CITY-ST-ZIP NORTH PORT FL

TITLE T ☐ DELETE

NAME HAINES, EVENLYN
STREET ADDRESS 223 TRAILORAMA DR
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Evelyn Haines (EVELYN HAINES) 4-7-99 (941) 426-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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