


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H53512</b>		
1. Entity Name <b>HARBOR COVE HOMEOWNERS ASSOCIATION INCORPORATED</b>		
Principal Place of Business <b>499 IMPERIAL DR NORTH PORT, FL 34287 US</b>		Mailing Address <b>499 IMPERIAL DR NORTH PORT, FL 34287 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>ROBEY, KENNETH 533 FLEETWOOD ST NORTH POR, FL 34287</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBEY, KENNETH 533 FLEETWOOD ST NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP WALERIUS, DODOE 12009 SUNLITE ST NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYO, HELEN 702 FAIRMOUNT DR NORTH PORT, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DROZDOWSKI, IRENE 568 FAIRMONT DRIVE NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DYER, ROLAND 552 FLEETWOOD STREET NORTH PORT, FL 34287	
TITLE 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 607, 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: <u>Kenneth Robey</u> <u>Kenneth Robey</u> <u>02/07/2005</u> <u>941 426 8408</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		