



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90025 015 ****61.25

DOCUMENT # N00648 1. Entity Name GULF COVE POINT PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 13100 MCCALL ROAD, #185 PORT CHARLOTTE, FL 33981 US			Mailing Address PO BOX 595 VENICE, FL 34284 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02152008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-2678906	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent O'GRADY, CANDY 3380 RUSTIC ROAD NOKOMIS, FL 34275			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRENCH, SHIRLEY R 13100 MCCALL ROAD, #185 PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, THOMAS 13100 MCCALL ROAD #143 PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BATTS, IRVING 13100 MCCALL ROAD, #134 PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAKACH, MIKE 13100 MCCALL RD # 145 PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, GERALDINE 8815 ELDORA DR CINCINNATI, OH 45236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFITH, PRISCILLA 1300-MCCALL RD # 118 PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LESNER, PAT 13100 MCCALL ROAD, #129 PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Shirley R. French - SHIRLEY R. FRENCH 03-12-2008 944-698-0372					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					