2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N00648

Entity Name: GULF COVE POINT PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13100 MCCALL ROAD, #185
PORT CHARLOTTE, FL 33981 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 595
VENICE, FL 34284 US

New Mailing Address:

FEI Number: 59-2678906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'GRADY, CANDY
3380 RUSTIC ROAD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FRENCH, SHIRLEY R	
Address:	13100 MCCALL ROAD, #185	
City-St-Zip:	PORT CHARLOTTE, FL 33981 US	
Title:	DVP	( ) Delete
Name:	BATTS, IRVING	
Address:	13100 MCCALL ROAD, #134	
City-St-Zip:	PORT CHARLOTTE, FL 33981 US	
Title:	D	( ) Delete
Name:	BARTLETT, GERALDINE	
Address:	8815 ELDORA DR	
City-St-Zip:	CINCINNATI, OH 45236 US	
Title:	SD	( ) Delete
Name:	GRIFFITH, PRISCILLA	
Address:	1300 MCCALL RD # 118	
City-St-Zip:	PORT CHARLOTTE, FL 33981 US	
Title:	TD	( ) Delete
Name:	LESNER, PAT	
Address:	13100 MCCALL ROAD, #129	
City-St-Zip:	PORT CHARLOTTE, FL 33981 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY FRENCH P 03/23/2009

Electronic Signature of Signing Officer or Director — Date