

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90112 011 ****61.25

DOCUMENT # N03000000448

1. Entity Name
**CONSERVANCY AND COMMUNITY TRUST OF SOUTH
GULF COVE, INC.**



Principal Place of Business
**8050 TRACY CIR
PORT CHARLOTTE, FL 33981**

Mailing Address
**8050 TRACY CIR
PORT CHARLOTTE, FL 33981**

2. Principal Place of Business - No P.O. Box #
13465 BLAKE DRIVE

3. Mailing Address
P.O. Box 453

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL

City & State
PLACIDA, FL

Zip
33981

Country

Zip
33946-0453

Country

01082007 Chg-NP

CR2E037 (12/06)

4. FEI Number
51-0441495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COVEY, GERALD K PRES
8050 TRACY CIRCLE
PORT CHARLOTTE, FL 33981**

7. Name and Address of New Registered Agent

Name **MCGUIRE, JOHN B.**
Street Address (P.O. Box Number is Not Acceptable)
13465 BLAKE DRIVE
City **PORT CHARLOTTE** FL Zip Code **33981**

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 *John B. McGuire* / **JOHN B. MCGUIRE - PRESIDENT 4/9/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME **COVEY, GERALD K**
STREET ADDRESS **8050 TRACY CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE VPD ☒ Delete
NAME **AHERN, CHRISTINE**
STREET ADDRESS **15438 ARON CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE SD ☒ Delete
NAME **COVEY, LOUISE M**
STREET ADDRESS **8050 TRACY CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE T/D ☒ Delete
NAME **CURTIS, PAM**
STREET ADDRESS **9348 SPRING CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME **MCGUIRE, JOHN B.**
STREET ADDRESS **13465 BLAKE DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE VPD ☐ Change ☒ Addition
NAME **PRICE, KARENS.**
STREET ADDRESS **15546 VISCOUNT CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE SD ☐ Change ☒ Addition
NAME **SCHAAD, TONY**
STREET ADDRESS **15375 TAURUS CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE T/D ☐ Change ☒ Addition
NAME **AHERN, CHRISTINE**
STREET ADDRESS **15438 ARON CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerment.

SIGNATURE: *John B. McGuire* / **JOHN B. MCGUIRE 4/9/2007 (941) 698-1224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #