

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

04-26-2004 91052 030 ****61.25

DOCUMENT # N03000000551					
1. Entity Name SOUTH GULF COVE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 15500 LONGVIEW RD. PORT CHARLOTTE, FL 33981			Mailing Address 15500 LONGVIEW RD. PORT CHARLOTTE, FL 33981		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBINSON, ROBERT K ESQ. 2750 RINGLING BLVD., SUITE 3 SARASOTA, FL 34237			Name <u>Sarah Katz</u> Street Address (P.O. Box Number is Not Acceptable) <u>15500 Longview Road</u> City <u>Port Charlotte</u> FL <u>33981</u>		
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 <u>Sarah Katz</u> Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sarah Katz 15500 Longview Road Port Charlotte FL 33981 President ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tony Emmiro 9262 Snapper Circle Port Charlotte, FL 33981 Secretary ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renee Godbout 15490 Seaford Circle Port Charlotte, FL 33981 Treasurer ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Harene P.O. Box 27006 El Jobean, FL 33927 Director ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Price 15546 Viscount Circle Port Charlotte, FL 33981 Director ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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: <u>Sarah Katz</u>		<u>Sarah Katz</u>		4-14-04 941-697-2716	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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