

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90039 003 ****61.25

DOCUMENT # N10689

1. Entity Name

GOLF COVE OWNERS ASSOCIATION, INC.



Principal Place of Business

911 SEA ROBIN LANE
GOLF COVE
PANAMA CITY BEACH FL 32411
US

Mailing Address

P. O. BOX 28226
PANAMA CITY BEACH FL 32411
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2629766

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

ZIELEN, RONALD
911 SEA ROBIN LANE
GOLF COVE
PANAMA CITY FL 32411

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	CHURCHWELL GUY	
STREET ADDRESS	907 SEA ROBIN LANE	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIELEN, RONALD	
STREET ADDRESS	911 ROBIN SEA LANE	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HALE, BONNIE	
STREET ADDRESS	903 SEA ROBIN LANE	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SELTZER, STAN	
STREET ADDRESS	902 ROBIN SEA LANE	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, SONNY	
STREET ADDRESS	905 SEA ROBIN LANE	
CITY-ST-ZIP	PANAMA CITY, FL 32411	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, LINDA	
STREET ADDRESS	905 SEA ROBIN LANE	
CITY-ST-ZIP	PANAMA CITY, FL 32411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Linda B. Fischer* Linda B. Fischer 2-2-06 234-2730