

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002159

FILED
Jan 27, 2009
Secretary of State

Entity Name: HARBOR COVE RESIDENT OWNED COMMUNITY, INC.

Current Principal Place of Business:

499 IMPERIAL DR.
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

499 IMPERIAL DR.
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0748906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240 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: HOWARD, STEVE
Address: 516 CLARION PLACE
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: GERUE, MARVIN
Address: 373 TRAILARAMA
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: KUSHNER, JOHN
Address: 785 IMPERIAL DR.
City-St-Zip: NORTH PORT, FL 34287

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANOFISKY, MELVIN
Address: 710 BLACKBURN BL
City-St-Zip: NORTH PORT, FL 34287

Title: T (X) Change () Addition
Name: WILKE, ELLIE
Address: 512 FLEETWOOD DR
City-St-Zip: NORTH PORT, FL 34287

Title: S (X) Change () Addition
Name: PEARSALL, PAMELA
Address: 220 WOLVERINE AV
City-St-Zip: NORTH PORT, FL 34287

Title: 1STV () Change (X) Addition
Name: CATTLELANE, JOYCE
Address: 221 TRAILORAMA
City-St-Zip: NORTH PORT, FL 34287

Title: 2NDV () Change (X) Addition
Name: ERFORTH, BONNIE
Address: 723 RIVERVIEW CR
City-St-Zip: NORTH PORT, FL 34287

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: PAMELA PEARSALL

S

01/27/2009

Electronic Signature of Signing Officer or Director

Date