2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2011
Secretary of State

DOCUMENT# N97000002159

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
Name: MATTESON, DIANE PRES
Address: 700 BLACKBURN PL
City-St-Zip: NORTH PORT, FL 34287

Title: T
Name: WIKLE, ELLIE TREA
Address: 512 FLEETWOOD DR
City-St-Zip: NORTH PORT, FL 34287

Title: S
Name: WILKINSON, GORDON SEC
Address: 521 CLARION PL
City-St-Zip: NORTH PORT, FL 34287

Title: 1STV
Name: CATTLELANE, JOYCE
Address: 221 TRAILORAMA
City-St-Zip: NORTH PORT, FL 34287

Title: 2NDV
Name: CAUDILL, HARRY 2ND VP
Address: 510 BLACKBURN BL
City-St-Zip: NORTH PORT, FL 34287

Title: O/B
Name: EAGLE, MYRA OFCR BK
Address: P.O. BOX 380384
City-St-Zip: MURDOCK, FL 33938

I hereby 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 all other like empowered.

SIGNATURE: DIANE MATTESON PD 01/27/2011

Electronic Signature of Signing Officer or Director — Date