


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90043 021 ****61.25

DOCUMENT # N98000003581

1. Entity Name
SOUTH GULF COVE YACHT CLUB, INC.



Principal Place of Business Mailing Address
15180 LEIPZIG CIR. PO BOX 27166
PORT CHARLOTTE CIRCLE FL 33981 EL JOBEAN FL 33927
US


2. Principal Place of Business 3. Mailing Address
15706 VISCOUNT CR P.O. Box 27166
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PORT CHARLOTTE FL EL JOBEAN FL
 Zip Country Zip Country
33981 USA 33927 USA

4. FEI Number **65-0844394** Applied For
 Not Applicable

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

1st MOORE CR2E037 (10/04)



6. Name and Address of Current Registered Agent
SLATER, MICHAEL
15180 LEIPZIG CIR.
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent
 Name **ROSSI, CARMINE**
 Street Address (P.O. Box Number is Not Acceptable)
15706 VISCOUNT CIR.
 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 Carmine Rossi **CARMINE ROSSI** 3-8-05
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, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	C SLATER, MICHAEL 15180 LEIPZIG CIR. PORT CHARLOTTE FL 33981 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VC ROSSI, CARMINE 15706 VISCOUNT CIR. PORT CHARLOTTE FL 33981 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SIMKINS, MICHAEL 15696 LAKELAND CIR. PORT CHARLOTTE FL 33981 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORSMAN, MARILYN 15434 VISCOUNT CIRCLE PORT CHARLOTTE FL 33981 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OBERLIN, RUTH 15650 VISCOUNT CIR PORT CHARLOTTE FL 33981 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROSSI, CARMINE 15706 VISCOUNT CIR PORT CHARLOTTE, FL, 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ED HOLMES 15522 ALCOVE CIR PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES ATKINSON 9380 SPRING CIR. PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carmine Rossi **CARMINE ROSSI** 3-8-05 941-697-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #