NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

## **FILED** May 10, 1999 8:00 am Secretary of State

	1999		DIVISION OF CO	OFFORAT	IONS	03-10-19999	00290 023 ****61.25
DOCUI	MENT # N9	800000	5360				
1. Corporation	n Name GHAM COVE HOM!	FOWNEDS ASS	COCIATION INC				· 22-2- 24-1001
NOTTIN	CILMAN COAF LICHAN	LOTTIENO AGO	COINTON, 1810.			540305 90290	. 23 5 *
Principal Plac	e of Business	Ma	iling Address				
2700 PINE RID	OGE ROAD		O PINE RIDGE ROAD			A KARAKARI DAR YANEN KANTI BERKI BERKI BERKI B	8.84 N 98.84 BILLE 1216 BILLE 1816 BILLE 1817
NAPLES FL 34	H05	NA.	PLES FL 34105				
		-			_	Date Incorporated or Qualifed	
	lace of Business .	2a. 26	Mailing Address			09/17/1998	
Suite, Apt.	#, elc.		Suite, Apt. #, etc.	····		4. FEI Number	Applied For
22		27		·		39-3517X	Not Applicable
City & Stat	le _	<u> </u>	City & State			5. Certificate of Status Desired	\$8.75 Additional -   Fee Regulred
Zip	Country	28		Countr	,	6. Election Campaign Financing	\$5,00 May Be
24	25	29	·	0		Trust Fund Contribution	Added to Fees
	9. Name and Address	s of Current Regist	ered Agent		т	10. Name and Address of New Regist	tered Agent
				81	Name		,
	, HOLLY A			82	Street	Address (P.O. Box Number is Not Acceptable)	
	HAMI TRAIL NORTH			83	83		
SUITE 300 NAPLES F	_			84	C+.		85 Zip Code
	<del>-</del>			1 -	1		<b>FL</b>
11. Pursuant	to the provisions of Section	one 617.0502 and 61	7.1508, Florida Statutes	, the abov	bernan-er	corporation submits this statement for the purpo	se of changing its registered
			s Such change was suff	horized by	TIBLE COTO	DIMBERTS DUCATO OF GITCHOUS, I FICTORY ACCORDED TO	appointment as registered [
agent. I a	im familiar with, and accep	ot the obligations of,	s. Such change was aut Section 617.0503, Florid	horized by Ja Statule	s.	corporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered
agent. I a SIGNATURE						equired when rematating) CA	Y T
	Signature, typed or printed name of		applicable. (NOTE: R				Y T
SIGNATURE	Stgnature, typed or printed name of OF	registered agent and little if FICERS AND DIREC	applicable. (NOTE: R	13.	ni pignature r	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE	Signature, typed or printed name of OF  D  MANGAN, JEFFREY I	registered agent and tibe if FICERS AND DIREC	applicable. (NOTE: R CTORS	13. 1.1 TITLE 1.2 NAME	ni signature r	equired when rematating) CA	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OF  D  MANGAN, JEFFREY I  2700 PINE RIDGE RO	registered agent and tibe if FICERS AND DIREC	applicable. (NOTE: R CTORS	13. 1.1 TITLE 1.2 NAME	ni algorature e	DAMES ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OF  D  MANGAN, JEFFREY I  2700 PINE RIDGE RO NAPLES FL 34105	registered agent and tibe if FICERS AND DIREC	applicable. (NOTE: R CTORS	13. 1.1 TITLE 1.2 NAME	ni algorature e	ADDITIONS/CHANGES TO OFFICER  MANGAN, I CARREL L  SAME	RS AND DIRECTORS IN 12  Change Addition
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14.11 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 annual report or supplemental annual 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 trueface empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attagring with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED PRENTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Departs Florida Statutes as if made under oath; that I am an officer or director of the corporation or the corporation of the corporation or the