

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90066 003 ***150.00

DOCUMENT # P02000130794

1. Entity Name
SEA COVE DEVELOPMENT CORP.



Principal Place of Business
**8825 TAMiami TRAIL EAST
NAPLES, FL 34113**

Mailing Address
**8825 TAMiami TRAIL EAST
NAPLES, FL 34113**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222007

Chg-P

CR2E034 (12/06)

4. FEI Number

14-1875163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WISEMAN, TAMELA ESQ
350 FIFTH AVE SOUTH STE 203
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name **Constance M. Burke**

Street Address (P.O. Box Number is Not Acceptable)

1107 West Marion Avenue Suite 112

City **Punta Gorda**

FL

Zip Code **33950**

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

Constance Burke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DE LANGE, LUIT**
STREET ADDRESS **8825 TAMiami TRAIL EAST**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **SEC** ☒ Delete
NAME **BOBROW, JOEL**
STREET ADDRESS **8825 TAMiami TRAIL EAST**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **TR** ☒ Delete
NAME **BOBROW, JOEL**
STREET ADDRESS **8825 TAMiami TRAIL EAST**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **VP/D** ☒ Delete
NAME **BOFF, JOSEPH D**
STREET ADDRESS **8825 TAMiami TRAIL EAST**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☐ Addition
NAME **Mr. Luit de Lange**
STREET ADDRESS **8825 Tamiami Trail East**
CITY-ST-ZIP **Naples, FL 34113**

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **Mr. Joseph D. Boff**
STREET ADDRESS **942 N. Collier Blvd**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Mr. Joel Ira Bobrow**
STREET ADDRESS **8825 Tamiami Trail East**
CITY-ST-ZIP **Naples, FL 34113**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Mrs. Ulrike de Lange- Garner**
STREET ADDRESS **8825 Tamiami Trail East**
CITY-ST-ZIP **Naples, FL 34113**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/07

239 774 5333