PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000029592

1. Corporation Name

CABOT COVE OF LARGO, INC.

Principal	Place	of	Business

Mailing Address

1029 DELACROIX CIRCLE NOKOMIS FL 34725

1029 DELACROIX CIRCLE NOKOMIS FL 34725

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90074 044 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date incorporated or Qualifed 03/27/1998			
2 Dringing! Di	lace of Business	2a. Mailing Address			4. FEI Number Applied For			
	lace of business	26 P.O. BOX 14	460		65-082.7606 Not Applica			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	10-		5. Certifcate of Status Desired			
City & State		City,& State			6. Election Campaign Financing \$5.00 May Be			
23		28 NOKOMIS	FL		Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip 29 9 4274-1460 30	Counti	У	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒No			
24	9. Name and Address of Current		<u>, </u>		10. Name and Address of New Registered Agent			
			8	1 Name				
LAUI	DENSLAGER, JOHN P			2 Stroot	Address (P.O. Box Number is Not Acceptable)			
	DELACROIX CIRCLE		0	82 Street Address (P.O. Box Number is Not Acceptable)				
NOK	OMIS FL 34725		8	3				
			8	4 City	85 Zip Code			
					FL '			
office or n	egistered agent, or both, in the State of	f Florida. Such change was auth	ionzed b	y the corp	d corporation submits this statement for the purpose of changing its registern coration's board of directors. I hereby accept the appointment as registered			
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	s.	• • • • • • • • • • • • • • • • • • • •			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	orstered An	ent signature i	required when reinstating) DATE			
12.	OFFICERS AND		13.	on cognocina	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			
TITLE	OT TOLINO AND	DELETE	1.1 TITLE		Ph Change XAd			
NAME		_	1.2 NAME		LULIAN D. NIVEN			
STREET ADDRESS			1.3 STRE	ET ADDRESS	LOG SARASOTA QUAY			
CITY-ST-ZIP	`		1.4 CITY-	ST-ZIP	SARASOTA FL 34236			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Ad			
NAME			2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRESS	;			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP				
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STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP	,	- DELETE	6.1 TITLE		☐ Change ☐ Ad			
NAME			6.2 NAME	•				
STREET ADDRESS			6.3 STRE	ET ADDRESS	s			
CIRCLI ADDRESS	ļ		64 CITY	ST- 7IP	l'			

14. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: