

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708412

Entity Name: HARBOR COVE CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**499 IMPERIAL DRIVE
HARBOR COVE
NORTH PORT, FL 34287**Current Mailing Address:**499 IMPERIAL DRIVE
HARBOR COVE
NORTH PORT, FL 34287**FEI Number:** 65-0156330**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BODWELL, JUNE
558 PARKWOOD AVE
NORTH PORT, FL 34287 US*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**Officer/Director Detail :**

Title	SEC
Name	GREIF, SANDY
Address	794 FAIRMOUNT DR.
City-State-Zip:	NORTH PORT FL 34287

Title	PRES
Name	THAMS, PATRICIA
Address	563 FAIRMOUNT DR.
City-State-Zip:	NORTH PORT FL 34287

Title	1STV
Name	NANZ, GARY
Address	715 RIVERVIEW CR
City-State-Zip:	NORTH PORT FL 34287

Title	T
Name	BODWELL, JUNE
Address	558 PARKWOOD AVE
City-State-Zip:	NORTH PORT FL 34287

Title	2VP
Name	SMYTH, PAT
Address	790 IMPERIAL DR.
City-State-Zip:	NORTH PORT FL 34287

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: JUNE BODWELL**TREASURER****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date