

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714779** (6)

1. Corporation Name

FISHERMAN'S COVE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9000 BLIND PASS ROAD
SARASOTA FL 34242

9000 BLIND PASS ROAD
SARASOTA FL 34242

3. Date Incorporated or Qualified

06/17/1968

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1232713

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOBECK, DAN ESQ.
2063 MAIN STREET
SUITE 101
SARASOTA FL 34237**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	WILSON, GUS	109 NORTH 5TH STREET	BARDSTOWN KY	<input type="checkbox"/>
VPD	BELL, NORMAN	900 LN 301	FREMONT IN	<input checked="" type="checkbox"/>
SD	BUTLER, VIOLET	PO BOX 2280 NA	W LAFAYETTE IN	<input checked="" type="checkbox"/>
T	PINK, FRANK	496 ZORN LANE	MAYFIELD VILLAGE OH	<input type="checkbox"/>
V	WILSON, GUY	109 NO 5 STR	BARDSTOWN KY	<input checked="" type="checkbox"/>
D	BROWN, NANCY	5005 WOODMARK COURT	FT. WAYNE IN	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gus Wilson

2/16/96

Date

941/344/7400

Daytime Phone #

CR2E037 (12/95)

1996 BOARD OF DIRECTORS

DIRECTOR PRESIDENT:	GUS WILSON 109 NORTH 5TH. ST. BARDSTOWN, KY. 40004 (502) 348-3342	8900 BLIND PASS ROAD A - 112 (941) 349-4112
DIRECTOR VICE PRES:	FRANCES SCHROEDER 8900 BLIND PASS ROAD A209 SARASOTA, FL. 34242 (941) 349-0581	8900 BLIND PASS ROAD A - 209 (941) 349-0581
DIRECTOR:	JOHN GRUBB 326 VALERA COURT WINTER PARK, FL. 32789 (407) 647-5384	8900 BLIND PASS ROAD A - 211 (941) 349-4518
DIRECTOR:	WM. (MIKE) BOLAND 23559 STONYBROOK DR. N. OLMSTEAD, OH. 44070 (216) 734-0574	9000 BLIND PASS ROAD B - 112 (941) 349-3634
DIRECTOR:	MARK JOHNSON 2805 AMBLESIDE PL. CINCINNATI, OHIO 45208 WK-(513) 621-2875 HM-(513) 871-2575	8900 BLIND PASS ROAD A - 114 (941) 349-2308
DIRECTOR:	KITTY BUTTON BOX 40125 SARASOTA, FL. 34242 (941) 349-3242	8900 BLIND PASS ROAD A - 306 (941) 349-3242
DIRECTOR:	KAREN BLOCK 1321 MEADOW LANE DEERFIELD, IL. 60015 (708) 945-4043	8900 BLIND PASS ROAD A - 308 (941) 349-2245
DIRECTOR:	JEAN HENZE 23 FAIRFAX ROAD NEEDHAM, MA. 02193 (617) 444-1033	8900 BLIND PASS ROAD A - 313 (941) 349-6934
DIRECTOR:	RON PIGMAN 114 CREST DRIVE MONACA, PA. 15061 (412) 775-4196	8900 BLIND PASS ROAD A - 113 (941) 349-3253
SECRETARY:	VIOLET BUTLER P.O. BOX 2280 W. LAFAYETTE, IN. 47906 (317) 463-7330	9000 BLIND PASS ROAD B - 103 (941) 349-9353
TREASURER:	FRANK PINK 496 ZORN LANE MAYFIELD VILLAGE, OH. 44143 (216) 449-5363	9000 BLIND PASS ROAD B - 104 (941) 349-0796