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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 714779 (6)
1. Corporation Name
FISHERMAN'S COVE ASSOCIATION, INC.



Principal Place of Business: 8000 BLIND PASS ROAD SARASOTA FL 34242
Mailing Address: 8000 BLIND PASS ROAD SARASOTA FL 34242-2982

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/17/1968	3a. Date of Last Report 02/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1232713	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
LOBECK, DAN ESQ.
2063 MAIN STREET
SUITE 101
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, GUS	
STREET ADDRESS	109 NORTH 5TH STREET	
CITY-ST-ZIP	BARDSTOWN KY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHROEDER, FRANCES	
STREET ADDRESS	8900 BLIND PASS ROAD, A209	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUTLER, VIOLET	
STREET ADDRESS	POST OFFICE BOX 2280	
CITY-ST-ZIP	W LAFAYETTE IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PINK, FRANK	
STREET ADDRESS	496 ZORN LANE	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUBB, JOHN	
STREET ADDRESS	326 VALERA COURT	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLAND, WILLIAM	
STREET ADDRESS	23559 STONYBROOK DRIVE	
CITY-ST-ZIP	N OLMSTEAD OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BELL - NORMAN	
1.3 STREET ADDRESS	900 LN 301 - LAKE GEORGE	
1.4 CITY-ST-ZIP	FRONT IN. 46737	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR - TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PINK, FRANK	
4.3 STREET ADDRESS	496 ZORN LANE	
4.4 CITY-ST-ZIP	MAYFIELD VILLAGE - OH. 44143	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CAROLYN B. BYERS	
6.3 STREET ADDRESS	9000 BLIND PASS ROAD - B310	
6.4 CITY-ST-ZIP	SARASOTA - FL 34242	

14. I do 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 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]* WORM BELL 2-14-97 941-349-1400
DATE: 2-14-97 DAYTIME PHONE: 941-349-1400

CR2E037 (9/96)

1997 BOARD OF DIRECTORS

DIRECTOR PRESIDENT:	NORMAN BELL 900 LN 301 LAKE GEORGE FREMONT, IN. 46737 (219) 833-1190	8900 BLIND PASS ROAD A - 213 (941) 349-1286
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 TREASURER:	FRANK PINK 496 ZORN LANE MAYFIELD VILLAGE, OH. 44143 (216) 449-5363	9000 BLIND PASS ROAD B - 104 (941) 349-0796
DIRECTOR:	JOHN GRUBB 326 VALERA COURT WINTER PARK, FL. 32789 (407) 647-5384	8900 BLIND PASS ROAD A - 211 (941) 349-4518
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 NEEDHAN, 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
DIRECTOR:	CAROLYN B. BYERS 9000 BLIND PASS RD, -B310 SARASOTA, FL. 34242 (941) 346-1357	9000 BLIND PASS ROAD B - 310 (941) 346-1357
SECRETARY:	VIOLET BUTLER P.O. BOX 2280 W. LAFAYETTE, IN. 47906 (317) 463-7330	9000 BLIND PASS ROAD B - 103 (941) 349-9353