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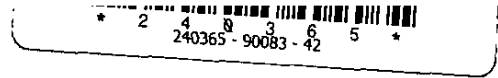
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

Principal Place of Business: 9000 BLIND PASS ROAD, SARASOTA FL 34242
 Mailing Address: 9000 BLIND PASS ROAD, SARASOTA FL 34242



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/17/1968
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1232713
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

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 **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELL NORMAN	
STREET ADDRESS	900 LN 301 LAKE GEORGE	
CITY-ST-ZIP	FREMONT IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURAN, DONALD E. JR.	
STREET ADDRESS	8430 HILTOP DRIVE	
CITY-ST-ZIP	POLAND OH 44514	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUTLER, VIOLET	
STREET ADDRESS	POST OFFICE BOX 2280	
CITY-ST-ZIP	W LAFAYETTE IN	
TITLE	VPDT	<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	GRIMES, ELIZABETH C.	
STREET ADDRESS	301 C-3281 PEMBINA HWY	
CITY-ST-ZIP	WINNIPEG MANITOBA CA R3V 1	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAROLYN B BYERS	
STREET ADDRESS	9000 BLIND PASS RD B310	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

(see attached list)

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 617, 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: _____ SIGNATURE: **D. Walters** 02/08/99-941/349-14 00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

240365-70085-42
714779

1999 BOARD OF DIRECTORS

DIRECTOR PRESIDENT:	GUS WILSON 109 NORTH 5TH. STREET BARDSTOWN, KY. 40004 (502) 348-3342	8900 BLIND PASS ROAD A - 112 (941) 349-4112
DIRECTOR VICE PRES:	KAREN BLOCK 8900 BLIND PASS ROAD SARASOTA, FL. 34242 (941) 349-2245	8900 BLIND PASS ROAD A - 308 (941) 349-2245
DIRECTOR TREASURER:	FRANK PINK 496 ZORN LANE MAYFIELD VILLAGE, OH. 44143 (216) 449-5363	9000 BLIND PASS ROAD B - 104 (941) 349-0796
DIRECTOR:	DONALD E. DURAN, JR. 8430 HILTOP DRIVE POLAND, OHIO 44514 (330) 757-0046	9000 BLIND PASS ROAD B - 113 (941) 349-1778
DIRECTOR:	ELIZABETH C. GRIMES 301 C-3281 PEMBINA HWY. WINNIPEG, MANITOBA CANADA R3V1T7 (204) 269-1579	8900 BLIND PASS ROAD A - 212 (941) 349-3955
DIRECTOR:	NORM BELL 900 LN 301 LAKE GEORGE FREMONT, IN. 46737 (219) 833-1190	8900 BLIND PASS ROAD A - 213 (941) 349-1286
DIRECTOR:	CAROLYN B. BYERS 9000 BLIND PASS RD, -B310 SARASOTA, FL. 34242 (941) 346-1357	9000 BLIND PASS ROAD B - 310 (941) 346-1357
DIRECTOR:	JOHN GRUBB 326 VALERA COURT WINTER PARK, FL. 32789 (407) 647-5384	8900 BLIND PASS ROAD A - 211 (941) 349-4518
DIRECTOR:	WALTER URE 14 LAUDON LANE RR 2 CORBEIL ONT., CANADA POH1KO (705) 472-8225	9000 BLIND PASS ROAD B - 214 (941) 349-6411
SECRETARY:	VIOLET BUTLER P.O. BOX 2280 W. LAFAYETTE, IN. 47996 (765) 463-7330	9000 BLIND PASS ROAD B - 103 (941) 349-9353