

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

0076441

**DOCUMENT # 714779**

1. Entity Name

**FISHERMAN'S COVE ASSOCIATION, INC.**

02-13-2001 90017 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9000 BLIND PASS ROAD  
 SARASOTA FL 34242

9000 BLIND PASS ROAD  
 SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1232713**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DURAN, DONALD E. JR.</b> <b>8430 HILTOP DRIVE</b> <b>POLAND OH 44514</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BUTLER, VIOLET</b> <b>POST OFFICE BOX 2280</b> <b>W LAFAYETTE IN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PINK, FRANK</b> <b>496 ZORN LANE</b> <b>MAYFIELD VILLAGE OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIMES, ELIZABETH C.</b> <b>301 C-3281 PEMBINA HWY</b> <b>WINNIPEG MANITOBA CA R3V 1</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>NORMAN BELL</b> <b>900 LN 301 - LAKE GEORGE</b> <b>FREMONT IN 46737</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>WALTER URE</b> <b>14 LAUNDON LANE, RR 2 CORBEIL</b> <b>ONTARIO CANADA POHIKO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *SIGNATURE RE WALTER URE V.P. 2/7/01* **941-349-1400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

2001 BOARD OF DIRECTORS

*Attachment*  
*9/19/20*

Document# 714 779

DIRECTOR PRESIDENT: NORM BELL 8900 BLIND PASS ROAD  
900 LN 301, LAKE GEORGE A - 213  
FREMONT, IN. 46737 (941) 349-1286  
(219) 833-1190

DIRECTOR VICE PRES: WALTER URE 9000 BLIND PASS ROAD  
14 LAUNDON LANE B - 214  
RR 2 CORBEIL (941) 349-6411  
ONT., CANADA POH1KO  
(705) 472-8225

DIRECTOR SECRETARY: VIOLET BUTLER 9000 BLIND PASS ROAD  
P.O. BOX 2280 B - 103  
W. LAFAYETTE, IN. 47996 (941) 349-9353  
(765) 463-7330

DIRECTOR: KAREN PALMIERI 8900 BLIND PASS ROAD  
8900 BLIND PASS ROAD A - 308  
SARASOTA, FL. 34242 (941) 349-2245  
(941) 349-2455

DIRECTOR: JOHN GRUBB 8900 BLIND PASS ROAD  
326 VALERA COURT A - 211  
WINTER PARK, FL. 32789 (941) 349-4518  
(407) 647-5384

DIRECTOR: JOSEPH BACHMANN 8900 BLIND PASS ROAD  
8900 BLIND PASS ROAD A - 204  
SARASOTA, FL. 34242 (941) 349-5846  
(941) 349-5846

DIRECTOR: RAY WITKOWSKI, SR. 9000 BLIND PASS ROAD  
820 MERMAID COURT B - 108  
SCHAUMBERG, IL. 60193 (941) 346-5285  
(847) 391-2639

DIRECTOR: BILL SJOBLUM 9000 BLIND PASS ROAD  
334 LAKESIDE DRIVE B - 205  
WESTERVILLE, OH. 43081 (941) 346-2458  
(614) 895-7588

DIRECTOR: WILLIAM VANDERHOOF 9000 BLIND PASS ROAD  
215 GILMAN ROAD B - 305  
CHURCHVILLE, N.Y. 14428 (941) 349-3467  
(716) 293-2267

TREASURER: FRANK PINK 9000 BLIND PASS ROAD  
496 ZORN LANE B - 104  
MAYFIELD VILLAGE, OH. 44143 (941) 349-0796  
(440) 449-5363