

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90034 021 ****61.25

DOCUMENT # 714779

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1232713

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 Delete
 NAME **PD BELL, NORMAN**
 STREET ADDRESS **900 LANE 301-LAKE GEORGE**
 CITY-ST-ZIP **FREMONT IN 46737**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS BUTLER, VIOLET**
 STREET ADDRESS **POST OFFICE BOX 2280**
 CITY-ST-ZIP **W LAFAYETTE IN**

TITLE Change Addition
 NAME **DS LIZ GRIMES**
 STREET ADDRESS **301 C-3281 PEMBINA HWY**
 CITY-ST-ZIP **WINNIPEG MANITOBA CANADA R3V1T7**

TITLE Delete
 NAME **T PINK, FRANK**
 STREET ADDRESS **496 ZORN LANE**
 CITY-ST-ZIP **MAYFIELD VILLAGE OH**

TITLE Change Addition
 NAME **TD PINK, FRANK**
 STREET ADDRESS **533 COVINGTON LANE**
 CITY-ST-ZIP **CHAGRIN FALLS OH 44023**

TITLE Delete
 NAME **VPD URE, WALTER**
 STREET ADDRESS **14 LAUNDON LANE RR 2 CORBEIL**
 CITY-ST-ZIP **ONTARIO CA**

TITLE Change Addition
 NAME **VPD BILL VANDERHOOF**
 STREET ADDRESS **215 GILMAN ROAD**
 CITY-ST-ZIP **CHURCHVILLE NY 14428**

TITLE Delete
 NAME **D MIKE BOLAND**
 STREET ADDRESS **23559 STONEYBROOK DRIVE**
 CITY-ST-ZIP **NORTH OLMSSTEAD OH 44070**

TITLE Change Addition
 NAME **D DON DURAN**
 STREET ADDRESS **10465 UNITY ROAD**
 CITY-ST-ZIP **NEW MIDDLE TOWN OH 44442**

TITLE Delete
 NAME **D Bill SJOBLUM**
 STREET ADDRESS **334 LAKESIDE DRIVE**
 CITY-ST-ZIP **WESTERVILLE OH 43081**

TITLE Change Addition
 NAME **D JOE BACHMANN**
 STREET ADDRESS **5580 AVELLINO PLACE**
 CITY-ST-ZIP **SARASOTA FL 34238**

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 REMOVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3/19/02 941-349-1400
 Date Daytime Phone #

CR2E037 (9/01)