

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714779

FILED
Apr 20, 2009
Secretary of State

Entity Name: FISHERMAN'S COVE ASSOCIATION, INC.

Current Principal Place of Business:

9000 BLIND PASS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

9000 BLIND PASS ROAD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1232713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYNARD, DONALD
9000 BLIND PASS RD
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WAUGH, BRUCE
Address: 9000 BLIND PASS RD, B106
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: MANGIE, EVELYN
Address: 4699 SPRING MEADOW LANE
City-St-Zip: SARASOTA, FL 34239

Title: V () Delete
Name: DURAN, DON
Address: 10465 UNITY RD
City-St-Zip: NEW MIDDLETOWN, OH 44442

Title: T () Delete
Name: ROBB, JON
Address: 7147 CRKS CROSSINGS
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: AS () Delete
Name: MAYNARD, DONALD
Address: 1201 JESSIE HARBOR DR
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: WAUGH, BRUCE
Address: 9000 BLIND PASS RD, B106
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DURAN, DON
Address: 10465 UNITY RD
City-St-Zip: NEW MIDDLETOWN, OH 44442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE WAUGH

Electronic Signature of Signing Officer or Director

V

04/20/2009

Date