

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 25, 2011
Secretary of State**

DOCUMENT# 714779

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
Name: WAUGH, BRUCE
Address: 9000 BLIND PASS RD, B106
City-St-Zip: SARASOTA, FL 34242Title: S
Name: MANGIE, EVELYN
Address: 4699 SPRING MEADOW LANE
City-St-Zip: SARASOTA, FL 34239Title: V-T
Name: GUTWEIN, DANIEL
Address: 4017 BROOK COURT
City-St-Zip: ARGYLE, TX 76226Title: D
Name: SJOBLUM, WILLIAM
Address: 1103 LAKE POINT
City-St-Zip: WESTERVILLE, OH 43082Title: RA
Name: MAYNARD, DONALD
Address: 1201 JESSIE HARBOR DR
City-St-Zip: OSPREY, FL 34229

I hereby 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 all other like empowered.

SIGNATURE: BRUCE WAUGH

P

07/25/2011

Electronic Signature of Signing Officer or Director

Date