

**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 34242

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

Title: V-T  
Name: GUTWEIN, DANIEL  
Address: 4017 BROOK COURT  
City-St-Zip: ARGYLE, TX 76226

Title: D  
Name: SJOBLUM, WILLIAM  
Address: 1103 LAKE POINT  
City-St-Zip: WESTERVILLE, OH 43082

Title: 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