

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32585 (4)

1. Corporation Name
FISHERMAN'S COVE OF COLLIER, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
777 S. COPELAND AVENUE
EVERGLADES CITY FL 34139
US

Mailing Address
P.O. BOX A.J.
EVERGLADES CITY FL 34139

3. Date Incorporated or Qualified 05/26/1989
3a. Date of Last Report 11/19/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

Safeco Harbor Mgmt
P.O. Box 285
Marco, Fl.
34146
Collier

4. FEI Number 65-0158798
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KRAUSE, CHERYL R
1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES FL 34102

10. Name and Address of New Registered Agent
81 Name Jeffrey Bell
82 Street Address (P.O. Box Number is Not Acceptable) Safeco Harbor Mgmt.
83 833 N. Collier Blvd.
84 City Marco Island FL 85 Zip Code 34145

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEST, LOTTIE	
STREET ADDRESS	777 S. COPELAND AVENUE	
CITY-ST-ZIP	EVERGLADES CITY FL 34139	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BECK, CAROL A	
STREET ADDRESS	777 S. COPELAND AVENUE	
CITY-ST-ZIP	EVERGLADES CITY FL 34139	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	HALL, DARWIN	
STREET ADDRESS	777 S. COPELAND AVENUE	
CITY-ST-ZIP	EVERGLADES CITY FL 34139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Lottie West DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.O. Box 57 NA	
1.3 STREET ADDRESS	Everglades City, Fl. 34139	
1.4 CITY-ST-ZIP		
2.1 TITLE	Ralph Moore DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P.O. Box 144 NA	
2.3 STREET ADDRESS	Everglades City, Fl. 34139	
2.4 CITY-ST-ZIP		
3.1 TITLE	Jo Ann Long DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P.O. Box 4065 NA	
3.3 STREET ADDRESS	Everglades City, Fl. 34139	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CFR2E037 (9/96)