

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90034 003 \*\*\*\*61.25

40039348



03212005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N32585</b>					
1. Entity Name FISHERMAN'S COVE OF COLLIER, CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 777 S. COPELAND AVENUE EVERGLADES CITY, FL 34139 US			Mailing Address 1008 GOODLETTE RD. N. #201 NAPLES, FL 34102 US		
2. Principal Place of Business		3. Mailing Address 501 GOODLETTE RD N			
Suite, Apt. #, etc.		Suite, Apt. #, etc. D-304			
City & State		City & State NAPLES FL		4. FEI Number 65-0158798	
Zip		Zip 34102		Country US	
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FOSTH ACCOUNTING, P.A. 1008 GOODLETTE ROAD NORTH SUITE 201 NAPLES, FL 34102			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 501 GOODLETTE RD N D-304		
			City NAPLES FL		Zip Code 34102
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULLINGER, JOSEPH		NAME		
STREET ADDRESS	P.O. BOX 510		STREET ADDRESS		
CITY-ST-ZIP	EVERGLADES CITY, FL		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHODIG, CHARLES		NAME		
STREET ADDRESS	3537 LORI LANE N.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELZ, BARBARA		NAME		
STREET ADDRESS	1110 S. TREADWELL ST.		STREET ADDRESS		
CITY-ST-ZIP	DESOTA, WI 54624		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTH, CATHERINE		NAME		
STREET ADDRESS	1008 GOODLETTE RD. N., #201		STREET ADDRESS	501 GOODLETTE RD N D-304	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	<del>PAULA LESLIE</del>	<input type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	PAULA LESLIE	
STREET ADDRESS			STREET ADDRESS	PO BOX 511	
CITY-ST-ZIP			CITY-ST-ZIP	EVERGLADES CITY, FL 34139	
TITLE		<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	JOHN PULICE	
STREET ADDRESS			STREET ADDRESS	11531 NORTHWEST 25TH ST.	
CITY-ST-ZIP			CITY-ST-ZIP	PLANTATION, FL 33323	
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: <u>Barbara L. Pelz</u> <u>Barbara L. Pelz</u>			3/23/05 239-695-2087		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		