


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N32585

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 501 GOODLETTE RD N D-304 NAPLES, FL 34102 US
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01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0158798	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTH ACCOUNTING, P.A.
 501 GOODLETTE RD N
 D-304
 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LESLIE, PAULA P.O. BOX 511 EVERGLADES CITY, FL 34139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PULICE, JOHN 11531 NORTHWEST 25TH ST PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PELZ, BARBARA 1110 S. TREADWELL ST. DESOTA, WI 54624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTH, CATHERINE 501 GOODLETTE RD N, D-324 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/18/06-80006-011 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date _____ Daytime Phone # _____