


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90187 039 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60033636



04282008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0158798		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FOSTH ACCOUNTING, P.A. 501 GOODLETTE RD N D- 304 NAPLES, FL 34102				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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	ST	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENDELMAN, BETTY			NAME			
STREET ADDRESS	P.O. BOX 312			STREET ADDRESS			
CITY-ST-ZIP	EVERGLADES CITY, FL 34139			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PULICE, JOHN			NAME			
STREET ADDRESS	11531 NORTHWEST 25TH ST			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33323			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARY, LESLIE			NAME			
STREET ADDRESS	P.O. BOX 511			STREET ADDRESS			
CITY-ST-ZIP	EVERGLADES CITY, FL 34139			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTH, CATHERINE			NAME			
STREET ADDRESS	501 GOODLETTE RD N, D -324			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOAGEY, CAROL			NAME			
STREET ADDRESS	409 SALT WIND CT. WEST			STREET ADDRESS			
CITY-ST-ZIP	S PONTE VERDA BEACH, FL 32082			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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) _____ (Date) _____ (Daytime Phone #)