

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32585

FILED
Apr 22, 2009
Secretary of State

Entity Name: FISHERMAN'S COVE OF COLLIER, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

777 S. COPELAND AVENUE
EVERGLADES CITY, FL 34139 US

New Principal Place of Business:

Current Mailing Address:

501 GOODLETTE RD N
D-304
NAPLES, FL 34102 US

New Mailing Address:

1250 TAMIAMI TR N
201
NAPLES, FL 34102 US

FEI Number: 65-0158798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FOSTH ACCOUNTING, P.A.
1250 TAMIAMI TR N
201
NAPLES, FL 34102 US

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: _____

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PULICE, JOHN
Address: 11531 NORTHWEST 25TH ST
City-St-Zip: PLANTATION, FL 33323

Title: VP () Delete
Name: GARY, LESLIE
Address: P.O. BOX 511
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D () Delete
Name: FOSTH, CATHERINE
Address: 501 GOODLETTE RD N, D-324
City-St-Zip: NAPLES, FL 34102

Title: ST () Delete
Name: BOAGEY, CAROL
Address: 409 SALTWIND CT. WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHERINE M FOSTH CPA

RA

04/22/2009

Electronic Signature of Signing Officer or Director

Date