

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005592

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** FISHERMAN'S POINTE ASSOCIATION, INC.

**Current Principal Place of Business:**

9711 OVERSEAS HWY  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 500309  
MARATHON, FL 33050

**New Mailing Address:**

**FEI Number:** 65-0172250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, THOMAS D  
9711 OVERSEAS HWY  
MARATHON, FL 33050 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP,D ( ) Delete  
Name: BRUNO, MARTIN  
Address: 185 COCONUT AVE.  
City-St-Zip: MARATHON, FL 33050

Title: T,D ( ) Delete  
Name: MAYETTE, GERALD  
Address: PO BOX 501082  
City-St-Zip: MARATHON, FL 33050

Title: P, D ( ) Delete  
Name: STRUYF, DEBBIE  
Address: 6179 OVERSEAS HWY  
City-St-Zip: MARATHON, FL 33050

Title: S, D ( ) Delete  
Name: STRUYF, KERRY  
Address: 6179 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

Title: D ( ) Delete  
Name: DOPICO, DENNIS  
Address: 6179 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE STRUYF

PD

01/11/2007

Electronic Signature of Signing Officer or Director

Date