2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 26, 2007 8:00 am Secretary of State

									Secret	'arv	AT ST9	1TP	
DOCUMENT # N03841 1. Entity Name FISHERMAN'S VILLAGE OWNERS ASSOCIATION, INC.									•	047 ****61.			
1ST ST. & U.S. 27 1S P.O. BOX 311 P.O.			1\$T \$T P.O. B	Mailing Address 1ST ST. & U.S. 27 P.O. BOX 311 MOORE HAVEN, FL 33471				11120 liigh 1814 6131	î (181 s ia). Bibli	STEN STEN STEN STEN	131 0) 31. 185 1		
Principal Place of Business - No P.O. Box # 3.				3. Mailing Address P.O. Box 1034									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07132007	Chg-NP	CR2E	037 (12/06)		
City & State				City & State MODRE HAVEN			FLORIDA		5571		<u> </u>	oplied For ot Applicable	
Zip		Country	Zip 33 '		Cou	Intry 15A		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require		
	6. Name	and Address of Curren	t Registered	Agent				7. Name and	Address of Ne	w Registere	d Agent		
PHILLIPS, MARY ANN CPA 1931 COMMERCE LANE STE #6 JUPITER, FL 33458						Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)						
						City				F	L Zip Cod	e	
the obligati	ions of regist	tered agent.		• •	_		•						
SIGNATURE.	-	d or printed name of registered age	nt and title if applic				ture required	when reinstating)		Make che			
Di	Filing Fe	pe is \$61.25 ptember 14, 2007		9. Election Carr Trust Fund C	npaign F ontributi	inancing		\$5.00 May B Added to Fees	F	Make che lorida Dep	eck payable to	tate	
	Filing Fe ue by Ser	e is \$61.25		9. Election Carr	paign F	inancing		\$5.00 May B	F	Make che lorida Dep	eck payable to partment of SI DIRECTORS IN	tate I 10	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

07/19/07

32/-229-699

Daytime Phone #