

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714779

FILED
Jan 11, 2018
Secretary of State
CC8590212614

Entity Name: FISHERMAN'S COVE ASSOCIATION, INC.

Current Principal Place of Business:

9000 BLIND PASS ROAD
SARASOTA, FL 34242

Current Mailing Address:

9000 BLIND PASS ROAD
SARASOTA, FL 34242 US

FEI Number: 59-1232713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOBECK, DANIEL J. ESQ.
2033 MAIN STREET
SUITE 403
SARASOTA, FL 34237 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: DANIEL J. LOBECK

01/11/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name MANGIE, EVELYN
Address 9000 BLIND PASS RD.
B107
City-State-Zip: SARASOTA FL 34242

Title PRESIDENT
Name ROGGIO, BOB
Address 8440 SANDERLING RD.
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name PLAPPERT, JAMES
Address 8 ANCHORAGE POINTE
City-State-Zip: LOUISVILLE, KY

Title DIRECTOR
Name GUTWEIN, DANIEL
Address 4017 BROOKS CT.
City-State-Zip: ARGYLE TX 76226

Title TREASURER
Name DORTON, DENNIS
Address 1595 PINE NEEDLES LANE
City-State-Zip: LEXINGTON KY 40513

Title VP
Name VANDERHOOF, BILL
Address 215 GILMAN ROAD
City-State-Zip: CHURCHVILLE NY 14428

Title DIRECTOR
Name CAUDILL, CARRIE
Address 420 BEACH RD.
#604
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name SJOBLUM, BILL
Address 1103 LAKE POINT
City-State-Zip: WESTERVILLE OH 43082

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I hereby 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 all other like empowered.

SIGNATURE: EVELYN MANGIE

SECRETARY

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WRAZEN, ROBERT
Address 334 WEXLEY DRIVE
City-State-Zip: NEWTOWN PA 18940