

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714779

**FILED**  
**Mar 30, 2020**  
**Secretary of State**  
**8016496216CC**

**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

03/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title PRESIDENT  
Name SIMOLLARDES, BETTE  
Address 49 CARRIAGE WAY  
City-State-Zip: SUDBURY MA 01776

Title DIRECTOR  
Name KRUK, RUSSELL  
Address 7572 CONSERVATION COURT  
City-State-Zip: SARASOTA FL 34231

**Continues on page 2**

*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

03/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PLAPPERT, JAMES  
Address        8 ANCHORAGE POINT  
City-State-Zip: LOUISVILLE KY 40223