

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714779

**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**5950446725CC**

**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

03/11/2019

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

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

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

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

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

**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**

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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