## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 749417** 

Entity Name: FISHERMANS COVE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 20, 2018
Secretary of State
CC4535008975

# **Current Principal Place of Business:**

240 CANAL BLVD

PONTE VEDRA, FL 32082

# **Current Mailing Address:**

C/O MAY MANAGEMENT 5455 A1A S ST AUGUSTINE. FL 32080 US

FEI Number: 59-2009394 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MAY MANAGEMENT 5455 A1A S ST AUGUSTINE, FL 32080 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

 Title
 VP
 Title
 DIRECTOR

 Name
 IRWIN, GERALD
 Name
 SCAIA, DANIEL

 Address
 5455 A1A S
 Address
 5455 A1A S

City-State-Zip: ST AUGUSTINE FL 32080 City-State-Zip: ST AUGUSTINE FL 32080

TitleTREASURERTitleDIRECTORNameMCCORMICK, MARKNameDANA, SUSANAddress5455 A1A SAddress5455 A1A S

City-State-Zip: ST AUGUSTINE FL 32080 City-State-Zip: ST AUGUSTINE FL 32080

TitleDIRECTORTitlePRESIDENTNameTROTTA, MARZIONameARNETT, JOE

Address C/O MAY MANAGEMENT Address C/O MAY MANAGEMENT

5455 A1A S 5455 A1A S

City-State-Zip: ST AUGUSTINE FL 32080 City-State-Zip: ST AUGUSTINE FL 32080

TitleSECRETARYTitleDIRECTORNameKOCH, AMYNameCOX, MARYAddress5455 A1A SAddress5455 A1A S

City-State-Zip: ST AUGUSTINE FL 32080 City-State-Zip: ST AUGUSTINE FL 32080

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: JOE ARNETT PRESIDENT 04/20/2018