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Mar 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714779** (6)
1. Corporation Name

FISHERMAN'S COVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9000 BLIND PASS ROAD
SARASOTA FL 34242**

**9000 BLIND PASS ROAD
SARASOTA FL 34242**



3. Date Incorporated or Qualified

06/17/1968

4. FEI Number

59-1232713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOBECK, DAN ESQ.

2033 2000 MAIN STREET

SUITE 301

SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BELL NORMAN**
STREET ADDRESS **900 LN 301 LAKE GEORGE**
CITY-ST-ZIP **FREMONT IN**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE
NAME **SCHROEDER, FRANCES**
STREET ADDRESS **8900 BLIND PASS ROAD, A209**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **DONALD E. DURAN, JR.**
2.3 STREET ADDRESS **8430 HILTOP DRIVE**
2.4 CITY-ST-ZIP **POLAND OHIO 44514**

TITLE **S** ☐ DELETE
NAME **BUTLER, VIOLET**
STREET ADDRESS **POST OFFICE BOX 2280**
CITY-ST-ZIP **W LAFAYETTE IN**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **PINK, FRANK**
STREET ADDRESS **498 ZORN LANE**
CITY-ST-ZIP **MAYFIELD VILLAGE OH**

4.1 TITLE **VP D.T.** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GRUBB, JOHN**
STREET ADDRESS **326 VALERA COURT**
CITY-ST-ZIP **WINTER PARK FL**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
5.2 NAME **GRIMES, ELIZABETH C.**
5.3 STREET ADDRESS **301 C-3281 PEMBINA HWY**
5.4 CITY-ST-ZIP **WINNIPEG MANITOBA CANADA R3V1T7**

TITLE **D** ☐ DELETE
NAME **CAROLYN B BYERS**
STREET ADDRESS **9000 BLIND PASS RD B310**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] 3/6/98 941-349-7400

CR2E037 (10/97)

1998 BOARD OF DIRECTORS

DIRECTOR PRESIDENT:	NORMAN BELL 900 LN 301 LAKE GEORGE FREMONT, IN. 46737 (219) 833-1190	8900 BLIND PASS ROAD A - 213 (941) 349-1286
DIRECTOR VICE PRES. TREASURER:	FRANK PINK 496 ZORN LANE MAYFIELD VILLAGE, OH. 44143 (216) 449-5363	9000 BLIND PASS ROAD B - 104 (941) 349-0796
DIRECTOR:	DONALD E. DURAN, JR. 8430 HILTOP DRIVE POLAND, OHIO 44514 (330) 757-0046	9000 BLIND PASS ROAD B - 113 (941) 349-1778
DIRECTOR:	KITTY BUTTON BOX 40125 SARASOTA, FL. 34242 (941) 349-3242	8900 BLIND PASS ROAD A - 306 (941) 349-3242
DIRECTOR:	ELIZABETH C. GRIMES 301 C-3281 PEMBINA HWY. WINNIPEG, MANITOBA CANADA R3V1T7 (204) 269-1579	9000 BLIND PASS ROAD A - 212 (941) 349-3955
DIRECTOR:	JEAN HENZE 23 FAIRFAX ROAD NEEDHAM, MA. 02193 (617) 444-1033	8900 BLIND PASS ROAD A - 313 (941) 349-6934
DIRECTOR:	GUS WILSON 109 NORTH 5TH. STREET BARDSTOWN, KY. 40004 (502) 348-3342	8900 BLIND PASS ROAD A - 112 (941) 349-4112
DIRECTOR:	CAROLYN B. BYERS 9000 BLIND PASS RD,-B310 SARASOTA, FL. 34242 (941) 346-1357	9000 BLIND PASS ROAD B - 310 (941) 346-1357
DIRECTOR:	RON PIGMAN 114 CREST DRIVE MONACA, PA. 15061 (412) 775-4196	8900 BLIND PASS ROAD A - 113 (941) 349-3253
SECRETARY:	VIOLET BUTLER P.O. BOX 2280 W. LAFAYETTE, IN. 47906 (765) 463-7330	9000 BLIND PASS ROAD B - 103 (941) 349-9353