


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90032 041 \*\*\*\*61.25

<b>DOCUMENT # 719120</b> 1. Entity Name <b>FISHERMAN'S LANDING ASSOCIATION, INC.</b>						
Principal Place of Business <b>1028 STILLWATER DRIVE JUPITER FL 33458</b>			Mailing Address <b>1030 STILLWATER DR. JUPITER FL 33458 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number <b>59-2610652</b>		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent  <b>FISHERMAN'S LANDING ASSOC., INC. 1030 STILLWATER DRIVE JUPITER FL 33458</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.				1st MOORE CR2E037 (10/05)		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revising)</small>				DATE _____		
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make Check Payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD ROSSIN, RICHARD 1000 STILLWATER DR JUPITER FL 33458 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD Rossini, Richard 1000 Stillwater Dr. Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD SWIGERT, BETTY 1000 STILLWATER DR JUPITER FL 33458 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD Swigert, Betty 1100 Stillwater Dr. Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD PALLMEYER, JULIA 1000 STILLWATER DR JUPITER FL 33458 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD Pallmeyer, Julia 1110 Stillwater Dr. Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPD SHERPITIS, BEVERLY 1014 ANGLERS WAY JUPITER FL 33458 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CLYNE, CHARLES 1128 STILLWATER WAY JUPITER FL 33458 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	D Ceccola, Joseph 309 Stillwater CT. Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Betty A. Swigert BETTY A. SWIGERT 3/10/06 561-744-2969