

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **729523** (1)

1. Corporation Name

FISHERMAN'S HAVEN PROPERTY OWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

**2106 N.E. RUSTIC PLACE
JENSEN BEACH FL 34957**

**2106 N.E. RUSTIC PLACE
JENSEN BEACH FL 34957-5516**



3. Date Incorporated or Qualified
05/01/1974

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2678216

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRANT ROBERT
2162 NE TROPICAL WAY
JENSEN BCH FL 34957**

81 Name **Anthony Siino**

82 Street Address (P.O. Box Number is Not Acceptable)
2115 N.E. Rustic Place

83

84 City **Jensen Beach** FL 85 Zip Code **34957**

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

(NOTE: Registered Agent signature required when reinstating)

3-4-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **P GRANT ROBERT**
STREET ADDRESS **2162 NE TROPICAL WAY**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE ☐ DELETE

NAME **S FOXALL, JOSEPH**
STREET ADDRESS **2342 NE TROPICAL WAY**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ DELETE

NAME **T OLKOSKI, HELEN**
STREET ADDRESS **2329 NE RUSTIC WAY**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE ☐ DELETE

NAME **D HALL, JOE**
STREET ADDRESS **2250 N.E. RUSTIC WAY**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE ☐ DELETE

NAME **D NOLTE, RICHARD**
STREET ADDRESS **2152 NE TROPICAL WAY**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE ☐ DELETE

NAME **D OLKOSKI, FRANK**
STREET ADDRESS **2329 NE RUSTIC WAY**
CITY-ST-ZIP **JENSEN BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 REQUIRED

Helen Olkoski (Treasurer)

CR2E037 (9/96)