

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729523 (1)  
1. Corporation Name  
FISHERMAN'S HAVEN PROPERTY OWNERS ASSOCIATION, INCORPORATED

Principal Place of Business 2106 N.E. RUSTIC PLACE JENSEN BEACH FL 34957	Mailing Address 2106 N.E. RUSTIC PLACE JENSEN BEACH FL 34957
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2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified  
05/01/1974  
4. FEI Number 59-2678216  
APPLIED FOR

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHINS, ANTHONY  
2115 NE RUSTIC PL  
JENSEN BCH FL 34957

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	P	DELETE
NAME	SHINS, ANTHONY	
STREET ADDRESS	2115 NE RUSTIC PL	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	S	DELETE
NAME	FOXALL, JOSEPH	
STREET ADDRESS	2342 NE TROPICAL WAY	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T	DELETE
NAME	OLKOSKI, HELEN	
STREET ADDRESS	2329 NE RUSTIC WAY	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	DELETE
NAME	HALL, JOE	
STREET ADDRESS	2250 N.E. RUSTIC WAY	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	DELETE
NAME	NOLTE, RICHARD	
STREET ADDRESS	2152 NE TROPICAL WAY	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	DELETE
NAME	OLKOSKI, FRANK	
STREET ADDRESS	2329 NE RUSTIC WAY	
CITY-ST-ZIP	JENSEN BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	Correction on last name		
1.3 STREET ADDRESS	Siino Anthony		
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	Change	Addition
4.2 NAME	Nancy McHugh		
4.3 STREET ADDRESS	2410 N.E. Rustic Way		
4.4 CITY-ST-ZIP	Jensen Beach FL		
5.1 TITLE	D	Change	Addition
5.2 NAME	Veha Pochopin		
5.3 STREET ADDRESS	2335 N.E. Rustic Place		
5.4 CITY-ST-ZIP	Jensen Beach 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:

Helen Olkoski (Treasurer) 4-15-98

CR2E037 (1097)