

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729523

1. Entity Name

FISHERMAN'S HAVEN PROPERTY OWNERS ASSOCIATION, I

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90001 040 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2106 N.E. RUSTIC PLACE JENSEN BEACH FL 34957	Mailing Address 2106 N.E. RUSTIC PLACE JENSEN BEACH FL 34957-5516
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2678216	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIINS, ANTHONY
2115 NE RUSTIC PL
JENSEN BCH FL 34957

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SIINO, ANTHONY
STREET ADDRESS	2115 NE RUSTIC PL
CITY - ST - ZIP	JENSEN BEACH FL
TITLE	S <input type="checkbox"/> Delete
NAME	FOXALL, JOSEPH
STREET ADDRESS	2342 NE TROPICAL WAY
CITY - ST - ZIP	JENSEN BEACH FL 34957
TITLE	T <input type="checkbox"/> Delete
NAME	OLKOSKI, HELEN
STREET ADDRESS	2329 NE RUSTIC WAY
CITY - ST - ZIP	JENSEN BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	MCHUGH, NANCY
STREET ADDRESS	2410 NE RUSTIC WAY
CITY - ST - ZIP	JENSEN BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	POCHOPIN, VERA
STREET ADDRESS	2335 NE RUSTIC PLACE
CITY - ST - ZIP	JENSEN BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	OLKOSKI, FRANK
STREET ADDRESS	2329 NE RUSTIC WAY
CITY - ST - ZIP	JENSEN BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	John Kraft
CITY - ST - ZIP	2119 NE Rustic Way
	Jensen Beach FL 34957
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED** *Helen Olkoski - Treasurer* **3-30-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)