

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

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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 NAME SIINO, ANTHONY STREET ADDRESS 2115 NE RUSTIC PL CITY-ST-ZIP JENSEN BEACH FL
TITLE S NAME FOXALL, JOSEPH STREET ADDRESS 2342 NE TROPICAL WAY CITY-ST-ZIP JENSEN BEACH FL 34957
TITLE T NAME OLKOSKI, HELEN STREET ADDRESS 2329 NE RUSTIC WAY CITY-ST-ZIP JENSEN BEACH FL
TITLE D NAME MCHUGH, NANCY STREET ADDRESS 2410 NE RUSTIC WAY CITY-ST-ZIP JENSEN BEACH FL
TITLE D NAME POCHOPIN, VERA STREET ADDRESS 2335 NE RUSTIC PLACE CITY-ST-ZIP JENSEN BEACH FL
TITLE D 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME John Kraft STREET ADDRESS 2119 NE Rustic Way CITY-ST-ZIP Jensen Beach FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 #