


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90175 034 ****61.25

DOCUMENT # 731496 1. Entity Name FISHERMAN'S HAVEN ASSOCIATION, INC.					
Principal Place of Business LIGHTHOUSE MNGMT & REALTY 16 CHURCH ST OSPREY, FL 34229 US			Mailing Address LIGHTHOUSE MNGMT & REALTY 16 CHURCH ST OSPREY, FL 34229 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1637836	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELLER, GAIL 90 LIGHTHOUSE MGMT 16 CHURCH ST OSPREY, FL 34229			Name <u>Sue Marley</u> Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST. City OSPREY, FL 34229 FL Zip Code <u>34229</u>		
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.					
SIGNATURE <u>Susan Marley, Treas.</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TDSD	<input type="checkbox"/> Delete	TITLE	TP Sue Marley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORNELL, RANDY		NAME	9150 Blind Pass Rd, #605	
STREET ADDRESS	9150 BLIND PASS RD, #404		STREET ADDRESS	Sarasota, FL 34242	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, ELLEN		NAME		
STREET ADDRESS	PO BOX 1138		STREET ADDRESS		
CITY-ST-ZIP	ANDERSON, IN		CITY-ST-ZIP		
TITLE	ATD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLER, GAIL		NAME		
STREET ADDRESS	9150 BLIND PASS RD, #301		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLETON, ART		NAME		
STREET ADDRESS	9150 BLIND PASS RD #402		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN OVEEBEKE, ALLEN		NAME		
STREET ADDRESS	501 KNIGHTS RUN AVE #134		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Susan Marley, Treas.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					