
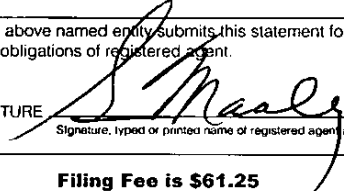
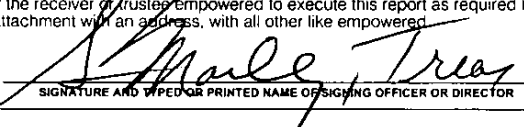


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90075 042 ****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. Lighthouse Property Mgmt 16 Church Street Osprey, FL 34229		3. Lighthouse Property Mgmt 16 Church Street Osprey, FL 34229	
4. FEI Number 59-1637836		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 MARLEY, SUE LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY, FL 34229		7. Name and Address of New Registered Agent Name Sue Marley Street Address 9150 Blind Pass Rd, #605 Sarasota, FL 34242 City 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/10/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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. ADDITIONAL OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME CORNELL, RANDY STREET ADDRESS 9150 BLIND PASS RD, #404 CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete	TITLE N/A NAME Martin Levin STREET ADDRESS 9150 Blind Pass Rd., #602 CITY-ST-ZIP Sarasota, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME JACKSON, ELLEN STREET ADDRESS PO BOX 1138 CITY-ST-ZIP ANDERSON, IN	<input type="checkbox"/> Delete	TITLE Suey NAME James Graves STREET ADDRESS 9150 Blind Pass Rd., #501 CITY-ST-ZIP Sarasota, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME SINGLETON, ART STREET ADDRESS 9150 BLIND PASS RD #402 CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MARLEY, SUE STREET ADDRESS 9150 BLIND PASS RD #605 CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/10/07 <small>Daytime Phone #</small>	