

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731496

FILED
Jan 07, 2009
Secretary of State

Entity Name: FISHERMAN'S HAVEN ASSOCIATION, INC.

Current Principal Place of Business:

LIGHTHOUSE MNGMT & REALTY
16 CHURCH ST
OSPREY, FL 34229 US

New Principal Place of Business:

LIGHTHOUSE PROPERTY MANAGEMENT
16 CHURCH ST
OSPREY, FL 34229 US

Current Mailing Address:

LIGHTHOUSE MNGMT & REALTY
16 CHURCH ST
OSPREY, FL 34229 US

New Mailing Address:

LIGHTHOUSE PROPERTY MANAGEMENT
16 CHURCH ST
OSPREY, FL 34229 US

FEI Number: 59-1637836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLEY, SUE
9150 BLIND PASS RD #605
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVIN, MARTIN
Address: 9150 BLIND PASS RD #602
City-St-Zip: SARASOTA, FL 34242

Title: PD () Delete
Name: JACKSON, ELLEN
Address: PO BOX 1138
City-St-Zip: ANDERSON, IN

Title: VPD () Delete
Name: SINGLETON, ART
Address: 9150 BLIND PASS RD #402
City-St-Zip: SARASOTA, FL 34242

Title: TD () Delete
Name: MARLEY, SUE
Address: 9150 BLIND PASS RD #605
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: GRAVES, JAMES
Address: 9150 BLIND PASS RD #501
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: JACKSON, ELLEN
Address: 8929 N VALLEY VIEW CT
City-St-Zip: MIDDLETOWN, IN 47356

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BORNEMAN, ETHEL
Address: 9150 BLIND PASS RD #505
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYANNE MERRILL

MGR.

01/07/2009

Electronic Signature of Signing Officer or Director

Date