

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90104 041 ****61.25

DOCUMENT # 747164 1. Entity Name FISHERMEN'S VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4790 S. ATLANTIC AVE PONCE INLET, FL 32127 US		Mailing Address 4790 S. ATLANTIC BLVD PORT ORANGE, FL 32127 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4790 South Atlantic Ave Unit F 602	
City & State Port Inlet, Florida.		City & State Port Inlet, Florida.	
Zip 32127	Country USA	4. FEI Number 59-2295158	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent R. REIMER-ACAMA, INC. 507 HERBERT STREET SUITE C PORT ORANGE, FL 32119		7. Name and Address of New Registered Agent Name Atlantic Shores Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 3511 S. Peninsula Drive Port Orange FL 32127	
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 Karen Solano <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/6/06 <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	D WARDLE, MARILYN 4790 S ATLANTIC AVE #C-304 PONCE INLET, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, WALTER 4790 S. ATLANTIC AVE F-602 DAYTONA BEACH, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAIN, MAUREEN 4790 S ATLANTIC AVE B-203 PONCE INLET, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EBERHARD, CARL 4790 S. ATLANTIC AVE. E-502 PORT ORANGE, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGERS, JUDITH LYN 4790 S. ATLANTIC AVE, E-503 PORT ORANGE, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: Judy Rogers <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/6/06 DAYTIME PHONE # 386-767-9823	