2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 747164 1. Entity Name FISHERMEN'S VILLAGE HOMEOWNERS ASSOCIATION, INC.				#XA	Secretary of State 04-11-2006 90104 041 ****61.25			
Principal Place of Business 4790 S. ATLANTIC AVE PONCE INLET, FL 32127 US Mailing Address 4790 S. ATLANTIC BLVD PORT ORANGE, FL 32127				LINTER FRON COL	ITERI KRID OKR CIRI RITI RITI OK	e n entil entil entil		
		3. Mailing Address 4790 South A	70 L 11 11-11-56 11					
Suite, Apt. #, etc.		Unit F 602			04042006 Chg-NP CR2E037 (11/05)			
City & State		PORCE TN/et	ity & State Trilet, Florida.		i8	1	olied For Applicable	
Zip	Country	32127	Country USA	5. Certificate of St	tatus Desired 🔲	\$8.75 Addi Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Registered	Agent		
RL REIMER-ACAMA, INC. 507 HERBERT STREET				et Address (P.O. Box Number is Not Acceptable)				
SUITE C	ANGE, FL 32119		35//	511 S. Peninsula DRIVE				
				RT (PRANGE FL 7200127				
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 Solvented agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) 4/6/66 DATE								
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaio	Election Campaign Financing Trust Fund Contribution.		Make chec	k payable to		
	Due by May 1, 2006			\$5.00 May Be Added to Fees	Florida Depar			
10.	Due by May 1, 2006 OFFICERS AND DIRE	Trust Fund Contri		Added to Fees		rtment of St	ite	
TITLE NAME STREET ADDRESS	OFFICERS AND DIRE D WARDLE, MARILYN 4790 S ATLANTIC AVE #C-304	Trust Fund Contri	TITLE NAME STREET ADDRESS	Added to Fees	Florida Depar	rtment of St	ite	
TITLE NAME	OFFICERS AND DIRE D WARDLE, MARILYN	Trust Fund Contri	TITLE NAME STREET ADDRESS CITY-SI-ZEP	Added to Fees	Florida Depai	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D WARDLE, MARILYN 4790 S ATLANTIC AVE #C-304 PONCE INLET, FL 32127	Trust Fund Contri	TILE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG	Florida Depai	RECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE D WARDLE, MARILYN 4790 S ATLANTIC AVE #C-304 PONCE INLET, FL 32127 D MCINTYRE, WALTER 4790 S, ATLANTIC AVE F-602	Trust Fund Contri	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida Depai	RECTORS IN Change	10 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE D WARDLE, MARILYN 4790 S ATLANTIC AVE #C-304 PONCE INLET, FL 32127 D MCINTYRE, WALTER 4790 S, ATLANTIC AVE F-602 DAYTONA BEACH, FL 32127 P FRAIN, MAUREEN	Trust Fund Contri	TILE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME	Added to Fees ADDITIONS/CHANG VICE PRESIDENT YUUNNYE /	Florida Depai ES TO OFFICERS AND DI DENT D Ay lor	RECTORS IN Change Change Change	10 Addition Addition	
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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:

SECNATURE AND DYPOD OR PRINTED NAME OF SIGNING OFFICER OR BIRECTO

1/6/06 386-767-9823