
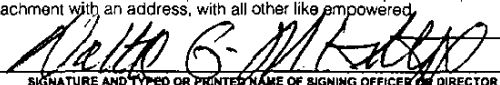


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90020 037 \*\*\*\*61.25

<b>DOCUMENT # 747164</b> 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 AVE UNIT F 602 PORT ORANGE, FL 32127 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2295158	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ATLANTIC SHORES MANAGEMENT, INC. 3511 S PENINSULA DR PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARDLE, MARILYN 4790 S ATLANTIC AVE #C-304 PONCE INLET, FL 32127 <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	P MCINTYRE, WALTER 4790 S. ATLANTIC AVE F-602 PONCE INLET, FL 32127 <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	VP TAYLOR, YVONNE 19 PARAGON RD TORONTO, ONTARIO, CA m9rfj5 <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	SD GRABOWSKI, TONI R.D. 3, BOX 413 WELLSBORO, PA 16901 <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	T GRIERSON, NANCY 400 CUPSAW DR RINGWOOD, NJ 07456 <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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

Fisherman

ATTACHMENT

40056-738

#747164

**Board Members**

**President:** Terri McIntyre  
4790 S. Atlantic Ave. #F-602  
Ponce Inlet, FL 32127  
386-761-2094

**Vice President:** Yvonne Taylor Unit #D-403  
14 Paragon Road  
Toronto Ontatio, M9R 1J5 Canada  
416-781-3085

**Secretary:** Toni Grabowski Unit #E-501  
11 Longview Lane  
Wellsboro, PA 16901  
386-760-8859

**Treasurer:** Nancy Grierson Unit #A-103  
400 Cupsaw Drive  
Ringwood, NJ 07456  
386-763-4263

**Board Meetings**

**Board Meetings are AS REQUESTED.**