

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747164

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** FISHERMEN'S VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4790 S. ATLANTIC AVE  
PONCE INLET, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

4790 S ATLANTIC AVE  
UNIT F 602  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

C/O ATLANTIC SHORES MGT  
3511 S. PENINSULA DRIVE  
PORT ORANGE, FL 32127 US

**FEI Number:** 59-2295158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATLANTIC SHORES MANAGEMENT, INC.  
3511 S PENINSULA DR  
PORT ORANGE, FL 32127 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: WARDLE, MARILYN  
Address: 4790 S ATLANTIC AVE #C-304  
City-St-Zip: PONCE INLET, FL 32127

Title: P ( ) Delete  
Name: MCINTYRE, WALTER  
Address: 4790 S, ATLANTIC AVE F-602  
City-St-Zip: PONCE INLET, FL 32127

Title: VP ( ) Delete  
Name: TAYLOR, YVONNE  
Address: 19 PARAGON RD  
City-St-Zip: TORONTO, ONTARIO, CA M9RFJ5

Title: SD ( ) Delete  
Name: GRABOWSKI, TONI  
Address: R.D. 3, BOX 413  
City-St-Zip: WELLSBORO, PA 16901

Title: T ( ) Delete  
Name: GRIERSON, NANCY  
Address: 400 CUPSAW DR  
City-St-Zip: RINGWOOD, NJ 07456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: RISTING, KATHERIN  
Address: 4790 S, ATLANTIC AVE B-201  
City-St-Zip: PONCE INLET, FL 32127

Title: VP (X) Change ( ) Addition  
Name: GRABOWSKI, TONI  
Address: R.D. 3, BOX 413  
City-St-Zip: WELLSBORO, PA 16901

Title: S (X) Change ( ) Addition  
Name: GRIERSON, NANCY  
Address: 400 CUPSAW DR  
City-St-Zip: RINGWOOD, NJ 07456

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: WALTER MCINTYRE

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date