

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 747164

FILED
Apr 21, 2011
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:

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

New Mailing Address:

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: MARK ROSKAMP

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: REAMEY, MARTHA
Address: 4790 S ATLANTIC AVE #C-304
City-St-Zip: PONCE INLET, FL 32127

Title: P
Name: DEMBKOSKI, STANLEY
Address: 4830 S,PENINSULA DR
City-St-Zip: PONCE INLET, FL 32127

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

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

Title: VP
Name: GRIERSON, NANCY
Address: 400 CUPSAW DR
City-St-Zip: RINGWOOD, NJ 07456

I hereby 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 all other like empowered.

SIGNATURE: STANLEY DEMBKOSKI

PRES

04/21/2011

Electronic Signature of Signing Officer or Director

Date