

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747164

FILED  
Mar 20, 2012  
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: \_\_\_\_\_

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: SALVADORE, KATHERINE  
Address: 4790 S, ATLANTIC AVE B-201  
City-St-Zip: PONCE INLET, FL 32127

Title: S  
Name: GRABOWSKI, TONI  
Address: 11 LONGVIEW LANE, #E-501  
City-St-Zip: WELLSBORO, PA 16901

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

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date