


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90022 017 \*\*\*\*70.00

<b>DOCUMENT # 748993</b> 1. Entity Name <b>FISHERMAN'S WHARF CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>OELANDER ST ST JAMES CITY, FL 33956</b>			Mailing Address <b>P.O. BOX 511 ST JAMES CITY, FL 33956</b>		
2. Principal Place of Business - No P.O. Box # <b>OELANDER ST</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>ST JAMES CITY, FL</b>		City & State			
Zip <b>33956</b>		Country		Country	
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A. C/O THOMAS D. DEYO, ESQ. 14241 METROPOLIS AVENUE, SUITE 100 FORT MYERS, FL 33912</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)</small> <div style="text-align: right;"><small>DATE</small></div>					
<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>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MULDOON, BERNARD</b> <b>2888 OLEANDER ST</b> <b>ST JAMES CITY, FL 33956</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOWAN, CAROL</b> <b>2912 OLEANDER ST.</b> <b>ST JAMES CITY, FL 33956</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SWINEY, ROBERT W</b> <b>2936 OLEANDER ST</b> <b>ST JAMES CITY, FL 33956</b>	<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	<b>S</b> <b>BURGESS, SHIRLEY</b> <b>2876 OLEANDER ST</b> <b>ST JAMES CITY, FL 33956</b>	<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	<b>T</b> <b>WHITMORE, ANNE</b> <b>2912 OLEANDER ST</b> <b>ST JAMES CITY, FL 33956</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROGER BORUP</b> <b>2876 OLEANDER ST</b> <b>ST JAMES CITY, FL 33956</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITMORE, JIM</b> <b>2912 OLEANDER ST</b> <b>ST JAMES CITY, FL 33956</b>	<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	<b>D</b> <b>BURGESS, BURL</b> <b>2876 OLEANDER ST</b> <b>ST JAMES CITY, FL 33956</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Burgess, BURL</b>	<input checked="" 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> <u>Bernard Muldoon</u> <b>BERNARD MULDOON</b> <u>2/27/08</u> <b>239-283-0916</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Date</span> <span>Daytime Phone #</span> </div>					