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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 749200		
1. Corporation Name FISHERMAN'S COVE HOMEOWNERS ASSOCIATION SECTION ONE, INC.		

Principal Place of Business

12 S.E. KEUKA TERR.
 STUART FL 34997

Mailing Address

12 S.E. KEUKA TERR.
 STUART FL 34997



2. Principal Place of Business 21 15 SE Millwood Terr Suite, Apt. #, etc.		2a. Mailing Address 26 15 SE Millwood Terr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/04/1979	
22 City & State Stuart, FL		27 City & State Stuart, FL		4. -FEI Number 59-1944318	
23 Zip 34997		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34997		29 Country USA		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SHRINER, WALTER H.
 12 S.E. KEUKA TERR.
 STUART, FL
 34997

10. Name and Address of New Registered Agent

81 Name **Procko, Steve (Procko)**
82 Street Address (P.O. Box Number is Not Acceptable)
83 15 SE Millwood Terr.
84 City **Stuart** **FL** **85 Zip Code** **34997**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **X Steve Procko**

Signature, typed or printed name of registered agent and like if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **MARCH 19, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHRINER, WALTER H.	1.2 NAME	Procko, Steve
STREET ADDRESS	12 S.E. KEUKA TERR.	1.3 STREET ADDRESS	15 SE Millwood Terr.
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLI, ANTHONY	2.2 NAME	
STREET ADDRESS	4438 SE HAMILTON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARBONE, MARK	3.2 NAME	Carbone, Mark
STREET ADDRESS	4389 SE HAMILTON	3.3 STREET ADDRESS	4398 SE Hamilton Ln.
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart FL 34997
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEATHAM, CAROL	4.2 NAME	
STREET ADDRESS	48 SE TOGA PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)