

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90626 022 ****61.25

0085275

DOCUMENT # 749200

1. Entity Name

FISHERMAN'S COVE HOMEOWNERS ASSOCIATION SECTION

Principal Place of Business

15 SE MILLWOOD TERRACE
 STUART FL 34997
 US

Mailing Address

15 SE MILLWOOD TERRACE
 STUART FL 34997
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1944318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PROCKO, STEVE
15 SE MILLWOOD TERRACE
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **PROCKO, STEVE**
 STREET ADDRESS **15 SE MILLWOOD TERRACE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **NAPOLI, ANTHONY**
 STREET ADDRESS **4438 SE HAMILTON LANE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TSD** ☐ Delete
 NAME **CARBONE, MARK**
 STREET ADDRESS **4398 SE HAMILTON LANE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Cindy Tomerlin**
 STREET ADDRESS **47 SE Tigua Terr**
 CITY-ST-ZIP **Stuart, FL 34997**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED
Mark Carbone

3-1-01 561-221-2174

Date Daytime Phone #

CR2E037 (10/00)