2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

05-02-2003 90361 027 ****61.25

DOCUMENT # 749200

1. Entity Name

FISHERMAN'S COVE HOMEOWNERS ASSOCIATION SECTION ONE, INC.

Principal Place of Business	Mailing Address
4460 SE GENEVA DR STUART FL 34997 US	4460 SE GENEVA DR STUART FL 34997 US

44005581

[redacted]

2. Principal Place of Business	3. Mailing Address
4398 SE Hamilton Ln.	4398 SE Hamilton Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34997 / Country: USA	Zip: 34997 / Country: USA

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
CALABRESE, MICHAEL 4460 SE GENEVA DR STUART FL 34997	Name: Mark Carbone Street Address (P.O. Box Number is Not Acceptable): 4398 SE Hamilton Ln. City: Stuart FL Zip Code: 34997

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 _____ 4-20-03

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: CALABRESE, MICHAEL STREET ADDRESS: 4460 SE GENEVA DR CITY-ST-ZIP: STUART FL 34997	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: POTTS, DANIEL STREET ADDRESS: 4391 SE AENEVA DR CITY-ST-ZIP: STUART FL 34997	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: T NAME: CARBONE, MARK STREET ADDRESS: 4398 SE HAMILTON LANE CITY-ST-ZIP: STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: SHRINER, SHIRLEY STREET ADDRESS: 12 SE KENKA TERR CITY-ST-ZIP: STUART FL 34997	☒ Delete	TITLE: D NAME: Shriner, Shirley STREET ADDRESS: 12 SE Kenka terr CITY-ST-ZIP: Stuart, FL 34997	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: D NAME: Jo Ann Carbone STREET ADDRESS: 4398 SE Hamilton Ln CITY-ST-ZIP: Stuart, FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 — 4-20-03 — 772-221-2174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #