

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749417

FILED
Mar 24, 2006
Secretary of State

Entity Name: FISHERMANS COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVENUE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 32809

FEI Number: 59-2009394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURLOW, REBECCA
8009 S ORANGE AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVENUE
ORLANDO, FL 32809 US

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: REBECCA FURLOW

03/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHANDLER, NICK
Address: 18 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: BOYLAN, PRISCILLA
Address: 82 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: FRASER, JENNY
Address: 51 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: HICKS, KATHY
Address: 33 FISHERMANS COVE RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T (X) Delete
Name: KELLEY, MIMI
Address: 20 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: SNYDER, BERNARD
Address: 79 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHANDLER, NICK
Address: 18 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MACNEILL, GAIL
Address: 55 FISHERMANS COVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICK CHANDLER

PD

03/24/2006

Electronic Signature of Signing Officer or Director

Date