2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2011
Secretary of State

DOCUMENT# 749417

Entity Name: FISHERMANS COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10036 SAWGRASS DR W
SUITE 1
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

C/O MAY MANAGEMENT
5455 A1A S
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-2009394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAY MANAGEMENT
5455 A1A S
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP
Name: CURTIN, FRANK
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D
Name: SNYDER, BERNARD
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S
Name: MATHEWSON, LAURA
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T
Name: MCCORMICK, MARK
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: P
Name: OURUSOFF, SERGEI
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D
Name: BIANCHI, WALTER
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: SERGEI OURUSOFF P 04/01/2011

Electronic Signature of Signing Officer or Director Date