


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90162 050 ****61.25

| | | | | | | | |
|--|-------------------------------|--|---|---|--|----|----------|
| DOCUMENT # 769098 | | | |  | | | |
| 1. Entity Name THE FERRY LANDING HOMEOWNERS ASSOCIATION, INC. | | | | | | | |
| Principal Place of Business FERRY LANDING DRIVE SANIBEL, FL 33957-1218 | | Mailing Address P.O. BOX 100 SANIBEL, FL 33957 | | | | | |
| 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 59-2379515 | | | |
| | | | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| 58 MARKESY, STEVEN 711 STARPON BAY ROAD SANIBEL, FL 33957 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | MOORE, TOM | | NAME | Konz, Dick | | | |
| STREET ADDRESS | 5870 VERNON LAKE | | STREET ADDRESS | 280 Ferry Landing DR | | | |
| CITY-ST-ZIP | EAINA, MN 55436 | | CITY-ST-ZIP | SANIBEL FL 33957 | | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | VENUTO, NANCY | | NAME | Venuto, Joseph | | | |
| STREET ADDRESS | 279 FERRY LANDING DR | | STREET ADDRESS | 219 FERRY LANDING DR | | | |
| CITY-ST-ZIP | SANIBEL, FL 33957 | | CITY-ST-ZIP | SANIBEL FL 33957 | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | JOE, ANDING | | NAME | Bukovick, Peter | | | |
| STREET ADDRESS | 1245 RIVER RD. | | STREET ADDRESS | 283 Ferry Landing DR | | | |
| CITY-ST-ZIP | WASHINGTON CROSSING, PA 18977 | | CITY-ST-ZIP | SANIBEL FL 33957 | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MAYDEN, ROBERT | | NAME | Anding, Joseph | | | |
| STREET ADDRESS | 1218 FERRY LANDING DR | | STREET ADDRESS | 1245 River Rd | | | |
| CITY-ST-ZIP | SANIBEL, FL 33957 | | CITY-ST-ZIP | WASHINGTON CROSSING, PA 18977 | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | LAWSON, JOHN | | NAME | Halliday, Janet | | | |
| STREET ADDRESS | 263 FERRY LANDING DR | | STREET ADDRESS | 299 Ferry Landing DR | | | |
| CITY-ST-ZIP | SANIBEL, FL 33957 | | CITY-ST-ZIP | SANIBEL FL 33957 | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | Joseph Venuto | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Joseph Venuto</u> | | Date: <u>4/12/06</u> | | Daytime Phone #: <u>239 472-5020</u> | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | |

40065225



04102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2379515

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