## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#769098** 

FILED Apr 18, 2011 Secretary of State

Entity Name: THE FERRY LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

711 TARPON BAY RD C/O ISLAND MANAGEMENT SANIBEL, FL 33957 711 TARPON BAY ROAD

SANIBEL, FL 33957

Current Mailing Address: New Mailing Address:

P.O.BOX 100 C/O ISLAND MANAGEMENT SANIBEL, FL 33957 PO BOX 100

SANIBEL, FL 33957

FEI Number: 59-2379515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US
MACKESY, STEVEN
C/O ISLAND MANAGEMENT
711 TARPON BAY ROAD
SANIBEL, FL 33957 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: STEVEN MACKESY 04/18/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: TD

Name: DUFFY, SALLY

Address: 5 LAUREL DRIVE SOUTH City-St-Zip: ROCKY RIVER, OH 44116

Title: SD

Name: BEST, JAMES

Address: 283 FERRY LANDING DR City-St-Zip: SANIBEL, FL 33957

Title:

Name: ANDING, LESLIE

Address: 291 FERRY LANDING DRIVE

City-St-Zip: SANIBEL, FL 33957

Title:

Name: LAWSON, JOHN

Address: 263 FERRY LANDING DRIVE

City-St-Zip: SANIBEL, FL 33957

Title: PD

Name: BUKOWICK, PETER
Address: 293 FERRY LANDING DRIVE

City-St-Zip: SANIBEL, FL 33957

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: PETER BUKOWICK PD 04/18/2011