## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 27, 2006 8:00 am Secretary of State DOCUMENT # N00175 1. Entity Name 03-27-2006 90278 019 \*\*\*\*61.25 FISHERMAN'S LANDING CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4743 S.E. BINNACLE WAY PT SALERNO FL 34992-1581 4743 S.E. BINNACLE WAY PT SALERNO FL 34992-1581 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 38-2442924 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, PAUL J. Street Address (P.O. Box Number is Not Acceptable) 4743 S.E. BINNACLE WAY STUART FL 34997 Zip Code City 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 Signature, typica or printed name of registered agent and little diapplicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees PD KONS, MORI BETH Change OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Addition FETZNER, THOMAS NAME NAME 4779 SE BINNACLE WAY STREET ADDRESS STREET ADDRESS STUART, FL. 34997 CITY-ST-ZIP STUART FL 34997 CITY-ST-7/P TITLE ☐ Change ☐ Addition TITLE ☐ Delete FOWLEY, DONNA NAME NAME STREET ADDRESS 4785 SW BINNACLE WAY STREET ADDRESS CITY-ST-7/P STUART FL 34997 CITY-ST-7(P Change TITLE Addition Defete TITLE WRIGHT, PETER WAY KONZ, MARIBETH NAME NAME STREET ADDRESS 4761 SE BINNACLE WAY STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 TITLE ☐ Delete Change ■ Addition LOPEZ, VIRGINIA NAME NAME 4743 S E BINNACLE WY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE ANDERSON, KRISTEN NAME NAME **4785 SE BINNACLE** STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT: F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED ON PRUTED MADE OF SIGNING OFFICER OR DIRECTOR

Date Director of the corporation of the receiver of the corporation of the corporatio