

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00175

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** FISHERMAN'S LANDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4743 S.E. BINNACLE WAY  
PT SALERNO, FL 349921581

**New Principal Place of Business:**

**Current Mailing Address:**

4743 S.E. BINNACLE WAY  
PT SALERNO, FL 349921581

**New Mailing Address:**

**FEI Number:** 50-0024167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, PAUL J.  
4743 S.E. BINNACLE WAY  
STUART, FL 34997 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: PD ( ) Delete  
Name: DUREAS, DAVID  
Address: 4755 SE BINNACLE WAY  
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete  
Name: WRIGHT, PETER  
Address: 4773 SE BINNACLE WAY  
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete  
Name: KONZ, MARIBETH  
Address: 4761 SE BINNACLE WAY  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: LOPEZ, VIRGINIA  
Address: 4743 S E BINNACLE WY  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: ANDERSON, KRISTEN  
Address: 4785 SE BINNACLE  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WRIGHT, PETER B  
Address: 4773 SE BINNACLE WAY  
City-St-Zip: STUART, FL 34997

Title: VD (X) Change ( ) Addition  
Name: KONZ, MARY B  
Address: 4761 SE BINNACLE WAY  
City-St-Zip: STUART, FL 34997

Title: S (X) Change ( ) Addition  
Name: SCHROEDER, BARBARA  
Address: 4749 SE BINNACLE WAY  
City-St-Zip: STUART, FL 34997

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 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: MARY KONZ

VD

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date