


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90082 042 ****61.25

DOCUMENT # N01000001698					
1. Entity Name FIDDLER'S COVE OF WAKULLA COUNTY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 742 W MADISON ST SUITE B TALLAHASSEE, FL 32304			Mailing Address P.O. BOX 5805 TALLAHASSEE, FL 32304		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3628145	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALSH, MARY 742 W MADISON ST TALLAHASSEE, FL 32304			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 _____ DATE _____					
Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEGATE, CLARENCE		NAME	Applegate, Clarence	
STREET ADDRESS	1126 WOTHIAN DR		STREET ADDRESS	114 Fiddler's Trace	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	SDT	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, MARY		NAME	Rowland, Richard	
STREET ADDRESS	742 W MADISON ST		STREET ADDRESS	114 Fiddler's Trace	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS-SALEK, JUNAID		NAME	Will Brad	
STREET ADDRESS	2325 W PENSACOLA ST, APT 162		STREET ADDRESS	114 Fiddler's Trace	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALOOF, DAVID		NAME	Malooof David	
STREET ADDRESS	RD 1 BOX 69		STREET ADDRESS	Rd 1 Box 69	
CITY-ST-ZIP	MONTROSE, PA 18801		CITY-ST-ZIP	Montrose PA 18801	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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: <i>Mary Walsh</i>			Date: 2/5/07 8506813148		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

