

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90026 041 ****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.

04162008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
04-3628145

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALSH, MARY
742 W MADISON ST
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent

Name **Richard H. Rowland**

Street Address (P.O. Box Number is Not Acceptable)
63 JANET DRIVE

City **CRAWFORDVILLE** FL Zip Code **32327**

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

Richard H. Rowland

Richard H. Rowland

4-21-08

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **APPLEGATE, CLARENCE**
STREET ADDRESS **114 FIDDLERS TRACE**
CITY - ST - ZIP **CRAWFORDVILLE, FL 32327**

TITLE **STD** ☐ Delete
NAME **ROWLAND, RICHARD**
STREET ADDRESS **114 FIDDLERS TRACE**
CITY - ST - ZIP **CRAWFORDVILLE, FL 32327**

TITLE **D** ☐ Delete
NAME **AS-SALEK, JUNAID**
STREET ADDRESS **2325 W PENSACOLA ST, APT 162**
CITY - ST - ZIP **TALLAHASSEE, FL 32304**

TITLE **VD** ☐ Delete
NAME **MALOOF, DAVID**
STREET ADDRESS **RD 1 BOX 69**
CITY - ST - ZIP **MONTROSE, PA 18801**

TITLE **D** ☐ Delete
NAME **WILL, BRAD**
STREET ADDRESS **114 FIDDLERS TRACE**
CITY - ST - ZIP **CRAWFORDVILLE, FL 32327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Rowland **Richard Rowland** **4-21-08** **850-926-8659**

Date

Daytime Phone #