2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001698

FILED Jun 24, 2009 Secretary of State

Entity Name: FIDDLER'S COVE OF WAKULLA COUNTY HOMEOWNERS ASSOCIATION, INC.

^ D	ringinal Place of Business.	New Principal Place of Business
Current Principal Place of Business:		New Principal Place of Business:
742 W MADISON ST SUITE B TALLAHASSEE, FL 32304		63 JANET DRIVE CRAWFORDVILLE, FL 32327
Current Mailing Address:		New Mailing Address:
P.O. BOX 5805 FALLAHASSEE, FL 32304		PO BOX 722 CRAWFORDVILLE, FL 32327
n accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receive	umber Not Applicable () Certificate of Status Desired () the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
33 JANET CRAWFO	RDVILLE, FL 32327 US	of changing its registered office or registered agent or both
	e of Florida.	of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Fitle: Name: Address: City-St-Zip:	PD () Delete APPLEGATE, CLARENCE 114 FIDDLERS TRACE CRAWFORDVILLE, FL 32327	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	STD () Delete ROWLAND, RICHARD 114 FIDDLERS TRACE CRAWFORDVILLE, FL 32327	Title: STD (X) Change () Addition Name: ROWLAND, RICHARD Address: 63 JANET DR City-St-Zip: CRAWFORDVILLE, FL 32327
Fitle: Name: Address: City-St-Zip:	D () Delete AS-SALEK, JUNAID 2325 W PENSACOLA ST, APT 162 TALLAHASSEE, FL 32304	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	VD () Delete MALOOF, DAVID RD 1 BOX 69 MONTROSE, PA 18801	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete WILL, BRAD 114 FIDDLERS TRACE CRAWFORDVILLE, FL 32327	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: RICHARD ROWLAND SEC- 06/24/2009