2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2012
Secretary of State

DOCUMENT# N01000001698

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

Current Principal Place of Business:

63 JANET DRIVE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

PO BOX 722
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 04-3628145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWLAND, RICHARD H
63 JANET DRIVE
CRAWFORDVILLE, FL 32327 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
Name: APPLEGATE, CLARENCE
Address: 114 FIDDLERS TRACE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: STD
Name: ROWLAND, RICHARD
Address: 63 JANET DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: AS-SALEK, JUNAID
Address: 2325 W PENSACOLA ST, APT 162
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD
Name: MALOOF, DAVID
Address: RD 1 BOX 69
City-St-Zip: MONTROSE, PA 18801

Title: D
Name: WILL, BRAD
Address: 114 FIDDLERS TRACE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: CLARENCE APPLEGATE PD 09/07/2012

Electronic Signature of Signing Officer or Director Date