

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007649

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** PORT SALERNO COMMERCIAL FISHING DOCK AUTHORITY, INC.

**Current Principal Place of Business:**

3100 SE ST. LUCIE BLVD  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 567  
PORT SALERNO, FL 34992

**New Mailing Address:**

**FEI Number:** 65-1154308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUNDHEIM, FREDERICK G  
310 SW OCEAN BLVD  
STUART, FL 34994 US

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

FOSTER, JOANNE M  
55 EAST OCEAN BLVD.  
STUART, FL 34994 US

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: JOANNE M. FOSTER

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OLSEN, EDWARD B JR.  
Address: 3100 SE ST. LUCIE BLVD  
City-St-Zip: STUART, FL 34997

Title: VD  
Name: ENGLISH, STEPHEN SR  
Address: 5042 SE KINGFISH AVE  
City-St-Zip: STUART, FL 34997

Title: SD  
Name: STUART, JIMMY  
Address: 4137 BAYVIEW DRIVE  
City-St-Zip: STUART, FL 34997

Title: TD  
Name: STEPHEN, ENGLISH JR  
Address: 5022 SE KINGFISH AVE  
City-St-Zip: STUART, FL 34997

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: EDWARD B. OLSEN, JR.

PD

04/23/2012

Electronic Signature of Signing Officer or Director

Date