2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008406

FILED Apr 24, 2009 Secretary of State

Entity Name: FISHERMAN'S VILLAGE AT BAYTOWNE WHARF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New	New Principal Place of Business:		
215 GRANI SUITE 200 MIRAMAR I	D BLVD BEACH, FL 3	2550	US				
Current Mailing Address:				New	New Mailing Address:		
215 GRANI SUITE 200 MIRAMAR I	D BLVD BEACH, FL 3	2550	US				
El Number:	20-0366381	FEIN	umber Applied For()	FEI Number N	ot Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent	Registered Agent:	Nam	e and Address	s of New Registered Agent:	
215 GRANI SUITE 200 MIRAMAR I The above	BEACH, FL 3			urpose of char	iging its registe	red office or registered agent, or both,	
SIGNATUR							
	Electron	iic Sign	ature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	DP () GARCIA, CHRIS 9300 EMERALI MIRAMARA BEA	COAST		Title: Name Addre City-S	ss:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () BATTOGLIA, VII 9300 EMERALI MIRAMAR BEAG	COAST		Title: Name Addre City-S	ss:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DST () LINDLEY, MAT 9300 EMERALI MIRAMAR BEA	COAST		Title: Name Addre City-S	ss:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DV () SPENCER, BRI 200 E GOVERN PENSACOLA, F	IMENT S		Title: Name Addre City-S	ss:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () STRATT, RUDY 3N340 LAKEWO WEST CHICAG	OOD DR	185 US	Title: Name Addre City-S	ss:	()Change ()Addition	

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: MATT LINDLEY S 04/24/2009