

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03841

FILED
Mar 12, 2009
Secretary of State

Entity Name: FISHERMAN'S VILLAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1ST ST. & U.S. 27
P.O. BOX 311
MOORE HAVEN, FL 33471

New Principal Place of Business:

115 1ST STREET
MOORE HAVEN, FL 33471

Current Mailing Address:

PO BOX 1034
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 35-1546571 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PHILLIPS, MARY ANN CPA
1931 COMMERCE LANE
STE #6
JUPITER, FL 33458 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: D () Delete
Name: HUNTER, JIM
Address: PO BOX 327
City-St-Zip: MOORE HAVEN, FL 33471

Title: P () Delete
Name: NORMAN, GEORGE P
Address: PO BOX 115
City-St-Zip: MARION, IL 62959

Title: T () Delete
Name: ELLIS, MARY
Address: 144 SHORESTRING RD
City-St-Zip: SOUTH CARVER, MA 02366

Title: D () Delete
Name: CLARK, KYLE
Address: 8346 ST RD 123
City-St-Zip: BLANCHESTER, OH 45107

Title: D () Delete
Name: O'DONNELL, DOUG
Address: 62 NOTRE DAME LANE
City-St-Zip: MELL HALL, PA 17751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: BURLESON, GERALDINE A
Address: PO BOX 339
City-St-Zip: MOORE HAVEN, FL 33471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELLIS, MARY
Address: 144 SHORESTRING RD
City-St-Zip: SOUTH CARVER, MA 02366

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: O'DONNELL, DOUG
Address: 62 NOTRE DAME LANE
City-St-Zip: MELL HALL, PA 17751

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: GERALDINE A. BURLESON

S/T

03/12/2009

Electronic Signature of Signing Officer or Director

Date