

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90359 037 ****61.25

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1. Entity Name

**FISHERMAN'S COVE OF LEE COUNTY COMMONS
ASSOCIATION, INC.**



Principal Place of Business

**14200 A & W BULB RD
FT MYERS, FL 33908**

Mailing Address

**14200 A & W BULB RD
FT MYERS, FL 33908**



01232006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-3788381

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY ST
FT MYERS, FL 33901**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROBERTS, DENNIS T
705 ROUTE 71 UNION AVENUE
BRIELLE, NJ 08730**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ROBERTS, GRACE
705 ROUTE 71 UNION AVENUE
BRIELLE, NJ 08730**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
STAMOS, GEORGE
84 LIGHTHOUSE DR
JUPITER, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #