2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-06-2007 90006 001 ****61.25

DOCUMENT # N06000002083

1. Entity Name
FISHERMAN'S COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11548 COVE LANE DADE CITY, FL 33525	11548 COVE LANE DADE CITY, FL 33525

01032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 84-1709534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENRY, SHARON L 11548 COVE LANE DADE CITY, FL 33525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Sharon L. Henry (Sec) 1-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEST, CAROLE 11819 SPORTSMAN COURT DADE CITY, FL 33525	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Pat Lanigan 11549 Pierview Rd Dade City, Fl 33525	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STRIANO, VIVIAN 11601 COVE LANE DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HENRY, SHARON 11548 COVE LANE DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STOUGH, KEN 11612 PIERVIEW ROAD DADE CITY, FL 33525	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Floyd Wieck 36136 Bass Drive Dade City, Fl 33525	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, ROBERT TRUSTEE 36138 ANGLER LANE DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIECK, FLOYD 36138 BASS DRIVE DADE CITY, FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alonzo Stickle 11549 Sportsman Ct Dade City, Fl 33525	☒ Change ☐ Addition

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.

X **SIGNATURE:** Floyd Wieck 1-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR Date Daytime Phone #

OK # 092

ATTACHMENT

66002951

N06000002083

Title D
Name Tom Reed
Street 11531 Pierview Rd
City Dade City, Fl 33525

addition