

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90061 004 ****61.25

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1. Entity Name

FISHERMAN'S COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

11548 COVE LANE
DADE CITY FL 33525

Mailing Address

11548 COVE LANE
DADE CITY FL 33525



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

1st MOORE

CR2E037 (10/07)

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 PD
NAME LANIGAN, PAT ☐ Delete
STREET ADDRESS 11549 PIERVIEW RD
CITY-ST-ZIP DADE CITY FL 33525

TITLE TD
NAME Tom Reed ☐ Change ☐ Addition
STREET ADDRESS 11531 Pierview Rd.
CITY-ST-ZIP Dade City, FL 33525

TITLE VPD
NAME STRIANO, VIVIAN ☐ Delete
STREET ADDRESS 11601 COVE LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME HENRY, SHARON ☐ Delete
STREET ADDRESS 11548 COVE LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME STICKLE, ALONZO ☐ Delete
STREET ADDRESS 11549 SPORTSMAN CT
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME MOORE, ROBERT TRUSTEE ☐ Delete
STREET ADDRESS 36136 ANGLER LANE
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME WIECK, FLOYD ☐ Delete
STREET ADDRESS 36136 BASS DRIVE
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sharon L. Henry - Sec. Sharon L. Henry, Sec. 2-2-08 (352) 521-311