2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# N06000002083

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

Current Principal Place of Business:

11548 COVE LANE
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

11548 COVE LANE
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 84-1709534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, SHARON L
11548 COVE LANE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

HENRY, SHAON L
11548 COVE LANE
DADE CITY, FL 33525 US

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: SHARON L.HENRY 03/21/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: STICKLE, ALONZO
Address: 11549 SPORTSMAN CT,
City-St-Zip: DADE CITY, FL 33525

Title: VPD
Name: STRIANO, VIVIAN
Address: 11601 COVE LANE
City-St-Zip: DADE CITY, FL 33525

Title: SD
Name: HENRY, SHARON
Address: 11548 COVE LANE
City-St-Zip: DADE CITY, FL 33525

Title: T
Name: KNOPE, JO
Address: 11648 COVE LANE
City-St-Zip: DADE CITY, FL 33525

Title: D
Name: DUDRA, CINDY TRUSTEE
Address: 36149 ANGLER LANE
City-St-Zip: DADE CITY, FL 33525

Title: D
Name: CURRIER, ELSIE
Address: 11624 COVE LANE
City-St-Zip: DADE CITY, FL 33525

I hereby 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 all other like empowered.

SIGNATURE: SHARON L. HENRY SD 03/21/2011
Electronic Signature of Signing Officer or Director Date