

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002083

FILED  
Jan 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

11601 COVE LN.  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

11601 COVE LN.  
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:**

STRIANO, VIVIAN P  
11601 COVE LN.  
DADE CITY, FL 33525 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: 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: D  
Name: ROUSSEAU, NEAL  
Address: 36106 BASS DRIVE  
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: SD  
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: JO KNOPE

T

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date