

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90086 022 ****61.25

DOCUMENT # N18804 1. Entity Name FISHEATING BAY CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2095 OLD LAKEPORT ROAD LAKEPORT, FL 33471 US			Mailing Address 2095 OLD LAKEPORT ROAD LAKEPORT, FL 33471 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2786513	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARDIN, JAMES 2095 OLD LAKE PORT RD LOT 23A MOORE HAVEN, FL 33471				7. Name and Address of New Registered Agent Name PAUL BATKOWSKI Street Address (P.O. Box Number is Not Acceptable) 2095 OLD LAKEPORT ROAD LOT 8B City MOORE HAVEN FL Zip Code 33471	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S SOHNEN, MICHAEL 2095 OLD LAKEPORT RD., 27 A. LAKEPORT, FL 33471	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDIN, JAMES 339 CURTIN DRIVE LEXINGTON, KY 40503	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KEVIN BOWMAN 2095 OLD LAKEPORT ROAD LOT 18B, MOORE HAVEN, FL 33471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, FRANCIS 2095 OLD LAKEPORT RD., 24A LAKEPORT, FL 33471	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition JERRY KINJORSKI 2095 OLD LAKEPORT RD. LOT 21A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATROWSKI, PAUL 8873 RT 87 HWY WILLIAMSPORT, PA 17701	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, KENNETH C 2095 OLD LAKEPORT RD., 25A MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLGRUBER, CARL 4118 STANLEY RD XENIA, OH 45385	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD CARL HILLGRUBER 2095 OLD LAKEPORT RD. LOT 28B MOORE HAVEN, FL 33471	
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: MICHAEL S. SOHNEN 2/1/06 513-543-3847 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					