2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State
03-26-2008 90028 041 ****61.25

DOCUMENT # N18804

1. Entity Name
FISHEATING BAY CONDOMINIUM OWNERS' ASSOCIATION, INC.

50001854

Principal Place of Business	Mailing Address
2095 OLD LAKEPORT ROAD LAKEPORT, FL 33471 US	2095 OLD LAKEPORT ROAD LAKEPORT, FL 33471 US

01312008 Chg-NP CR2E037 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1339 OLD LAKEPORT Rd Suite, Apt. #, etc.	1339 Old LAKEPORT Rd Suite, Apt. #, etc.
City & State: LAKEPORT FL	City & State: MOORE HAVEN FL
Zip: 33471 Country: US	Zip: 33471 Country: US

4. FEI Number: 59-2786513 ☐ 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
SOHNGEN, MICK 2095 OLD LAKE PORT RD LOT 27A MOORE HAVEN, FL 33471	Name: SOHNGEN, MICK Street Address (P.O. Box Number is Not Acceptable): 1339 OLD LAKE PORT Rd LOT 27 A 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: _____ 3/24/08
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOHNGEN, MICHAEL 2095 OLD LAKEPORT RD., 27 A. LAKEPORT, FL 33471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN, KEVIN 2095 OLD LAKEPORT RD MOORE HAVEN, FL 33471	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROSEMARY PROVOZNIK 1339 OLD LAKEPORT Rd MOORE HAVEN FL 33471	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KINJORSKI, JERRY 2095 OLD LAKE PORT RD LOT 21A LAKEPORT, FL 33471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZIELICKIE, GARY 2095 OLD LAKE PORT RD. MOORE HAVEN, FL 33471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HALL, KENNETH C 2095 OLD LAKEPORT RD., 25A MOORE HAVEN, FL 33471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILLGRUBER, CARL 2095 OLD LAKE PORT RD LOT 28 B XENIA, OH 45385	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RHONDA LINN 1339 OLD LAKEPORT Rd MOORE HAVEN FL 33471	☒ 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.

SIGNATURE: _____ 3/24/08 513-543-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #