FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

21

22

23

N27325

(2)

Suite, Apt. #, etc.

City & State

SIGNATURE THE QUIRED

27

28

FISHERMAN'S WHARF PROPERTY OWNERS ASSOCIATION, I

Principal Place of Business Malling Address

337 E. INDIANTOWN RD 337 E. INDIANTOWN ROAD.
SUITE 8 SUITE 8
JUPITER FL 33477 JUPITER FL 33477

SUITE 8
JUPITER FL 33477
US

2a. Mailing Address
26

FILED Jan 29 1998 8:00am Secretary of State



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☐ Yes ☐ No

7. Is this nonprofit corporation a homeowners association?

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

07/08/1988

65-0089012

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip	Country	Zip	Cot	untry	у		8. This corporation owes or ha	s paid the curi	ent yea	ır Inta	ngible										
24	25	29	30			- 1	Personal Property Tax due June 30. Yes No														
9. Name and Address of Current Registered Agent							10. Name and Address of Nev	v Registered /	lgent												
				81	Name	•															
DENHOLTZ, STEVEN J.						Addres	ss (P.O. Box Number is Not Acce	ntable)													
337 INDIANTOWN RD					0051			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
SUITE 8																					
JUPITER FL 33477					01-				lam!	~ ~											
					City			FL	85	Zip C	ode										
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.																					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE																					
	Signature, typed or printed name of registered agent			d Age	nt signatur	re required v		DATE													
12.	OFFICERS AND	DELETE	13.			1	ADDITIONS/CHANGES TO O	FFICERS AND													
TITLE	PD	LT DETELE	1.1 Ta						Char	nge	Addition										
NAME	DENHOLTZ, JACK		1.2 N			•															
STREET ADDRESS	337 E. INDIANTOWN RD		1.35	IREET.	ADDRESS]:										
CITY-ST-ZIP	JUPITER FL			TY-SI	T-ZIP				<u> </u>												
TITLE	D	☐ DELETE	2.1 ΤΙ						L Char	nge	Addition										
NAME	· ·	DENHOLTZ, STEWART 22N																			
STREET ADDRESS	337 E. INDIANTOWN RD		2.3 S	reet,	ADDRESS]										
CITY-ST-ZIP	JUPITER FL		_	ภษ-ธ	T-ZIP																
TITLE	STD	☐ DELETE	3.1 TI	TLE					☐ Char	ige	Addition										
NAME	DENHOLTZ, STEVE		3.2 N	4ME																	
STREET ADDRESS	337 E INDIANTOWN RD		3.3 5	REET A	address	1															
CITY - ST - ZIP	JUPITER FL		3.4. C	tr-s	T-ZIP																
TITLE		☐ DELETE	4.1 Ti	TLE		1			☐ Chan	ige	Addition										
NAME			4.2 N	AME		1															
STREET ADDRESS			4.3 ST	REET A	ADDRESS	1															
CITY-ST-ZIP			4.4 CI	TY-ST	-ZiP																
TITLE		DELETE	5.1 TI	TLE					Chan	nge	Addition										
NAME			5.2 N/	ME.																	
STREET ADDRESS			5.3 ST	REET /	ADDRESS						1										
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP						+										
TITLE		DELETE	6.1 TI	TLE				·	Chan	nge	Addition										
NAME			6.2 N	ME																	
STREET ADDRESS			6.3 ST	REET A	ADDRESS																
City-ST-ZIP			6.4 CI	TY-SI	- ZIP						1										
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 12 o	r Block 13 if changed, or on an attach	ment with an address					/ /			Block 12 or Block 13 if changed, or on an attachment with an address											