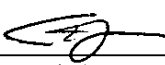
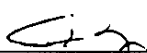


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90200 017 ****61.25

DOCUMENT # N27325 1. Entity Name FISHERMAN'S WHARF PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 580 VILLAGE BLVD. SUITE 300 WEST PALM BEACH, FL 33409 US			Mailing Address 580 VILLAGE BLVD. SUITE 300 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0089012	
Zip		Country		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	
DENHOLTZ, STEWART F 580 VILLAGE BLVD. SUITE 300 WEST PALM BEACH, FL 33409				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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  <i>President</i> 4/28/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DENHOLTZ, STEWART		NAME		
STREET ADDRESS	580 VILLAGE BLVD., SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCNAMARA, COLLEEN J		NAME		
STREET ADDRESS	580 VILLAGE BLVD., SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	RICH, ELLEN		NAME	Arely Guccione	
STREET ADDRESS	580 VILLAGE BLVD STE 300		STREET ADDRESS	580 Village Blvd, Ste 300	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	T	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	HOPIN, MARC D		NAME	Bonnie Owen	
STREET ADDRESS	580 VILLAGE BLVD STE 300		STREET ADDRESS	580 Village Blvd, Suite 300	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RIORDAN, JAMES Q JR		NAME		
STREET ADDRESS	580 VILLAGE BLVD STE 300		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <i>STEWART DENHOLTZ</i> 4-28-08 562-24-0120 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					