

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27325

FILED
Apr 20, 2009
Secretary of State

Entity Name: FISHERMAN'S WHARF PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

580 VILLAGE BLVD.
SUITE 300
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

580 VILLAGE BLVD.
SUITE 300
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0089012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENHOLTZ, STEWART F
580 VILLAGE BLVD.
SUITE 300
WEST PALM BEACH, FL 33409 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 () Delete
Name: DENHOLTZ, STEWART
Address: 580 VILLAGE BLVD., SUITE 300
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: VP () Delete
Name: MCNAMARA, COLLEEN J
Address: 580 VILLAGE BLVD., SUITE 300
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: S () Delete
Name: GUCCIONE, ARELY
Address: 580 VILLAGE BLVD, STE 300
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DVP () Delete
Name: RIORDAN, JAMES Q JR
Address: 580 VILLAGE BLVD STE 300
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T (X) Delete
Name: OWEN, BONNIE
Address: 580 VILLAGE BLVD, STE 300
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MILLER, AMY
Address: 580 VILLAGE BLVD, STE 300
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEWART F. DENHOLTZ

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date