


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90034 003 ****61.25

DOCUMENT # N32585	
1. Entity Name FISHERMAN'S COVE OF COLLIER, CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 777 S. COPELAND AVENUE EVERGLADES CITY, FL 34139 US	Mailing Address 1008 GOODLETTE RD. N. #201 NAPLES, FL 34102 US
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40039348



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03212005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0158798	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent FOSTH ACCOUNTING, P.A. 1008 GOODLETTE ROAD NORTH SUITE 201 NAPLES, FL 34102

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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 _____
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, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	BULLINGER, JOSEPH
STREET ADDRESS	P.O. BOX 510
CITY-ST-ZIP	EVERGLADES CITY, FL
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	RHODIG, CHARLES
STREET ADDRESS	3537 LORI LANE N.
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	VD <input type="checkbox"/> Delete
NAME	PELZ, BARBARA
STREET ADDRESS	1110 S. TREADWELL ST.
CITY-ST-ZIP	DESOTA, WI 54624
TITLE	D <input type="checkbox"/> Delete
NAME	FOSTH, CATHERINE
STREET ADDRESS	1008 GOODLETTE RD. N., #201
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	PAULA LESLIE <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	501 GOODLETTE RD N D-304
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST PAULA LESLIE
STREET ADDRESS	P.O. BOX 511
CITY-ST-ZIP	EVERGLADES CITY, FL 34139
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN PULICE
STREET ADDRESS	11531 NORTHWEST 25TH ST.
CITY-ST-ZIP	PLANTATION, FL 33323

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara L. Pelz Barbara L. Pelz 3/23/05 239-695-2087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #