
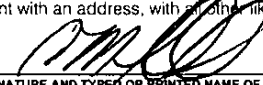


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90010 048 \*\*\*\*61.25

<b>DOCUMENT # N32585</b> 1. Entity Name <b>FISHERMAN'S COVE OF COLLIER, CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>777 S. COPELAND AVENUE EVERGLADES CITY, FL 34139 US</b>			Mailing Address <b>501 GOODLETTE RD N D-304 NAPLES, FL 34102 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0158798</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FOSTH ACCOUNTING, P.A. 501 GOODLETTE RD N D-304 NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST. RENDLEMAN, BETTY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LESLIE, PAULA		NAME	PO Box 312	
STREET ADDRESS	P.O. BOX 511		STREET ADDRESS	EVERGLADES CITY, FL	
CITY-ST-ZIP	EVERGLADES CITY, FL 34139		CITY-ST-ZIP	34139	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PULICE, JOHN		NAME		
STREET ADDRESS	11531 NORTHWEST 25TH ST		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33323		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP - GARY LESLIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PELZ, BARBARA		NAME	PO Box 511	
STREET ADDRESS	1110 S. TREADWELL ST.		STREET ADDRESS	EVERGLADES CITY, FL	
CITY-ST-ZIP	DESOTA, WI 54624		CITY-ST-ZIP	34139	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTH, CATHERINE		NAME		
STREET ADDRESS	501 GOODLETTE RD N, D-324		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer, like empowered.					
SIGNATURE: 			CATHERINE M FOSTH, CPA, 2/26/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

239-435-7336