

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004047 (7)

1. Corporation Name

FISHERMAN'S COVE PROPERTY OWNERS ASSOCIATION, IN C.



Principal Place of Business

Mailing Address

1140 LINCOLN CT
 CAPE CORAL FL 33904
 US

1140 LINCOLN CT.
 CAPE CORAL FL 33904
 US

3. Date Incorporated or Qualified 09/03/1993
 3a. Date of Last Report 08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 618 NE 20 Lane

26 618 NE 20 Lane

4. FEI Number 65-0510812
 Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

23 Boynton Beach

28 Boynton Beach

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33435

25 County Palm Beach

29 Zip 33435

30 County Palm Beach

8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMLINSON, III C
 1140 LINCOLN CT
 CAPE CORAL FL 33904

81 Name
 82 Street Address (R.O. Box Number is Not Acceptable) 618 NE 20 Lane
 83
 84 City Boynton Beach FL 85 Zip Code 33435

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME TOMLINSON, CHARLES W III
 STREET ADDRESS 1140 LINCOLN CT
 CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS 618 NE 20 Lane
 1.4 CITY-ST-ZIP Boynton Beach, FL 33435

TITLE STD
 NAME TOMLINSON, JANET F
 STREET ADDRESS 1140 LINCOLN CT
 CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS 618 NE 20 Lane
 2.4 CITY-ST-ZIP Boynton Beach, FL 33435

TITLE VD
 NAME DELANEY, JOHN M
 STREET ADDRESS 1140 LINCOLN CT
 CITY-ST-ZIP CAPE CORAL FL

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS 618 NE 20 Lane
 3.4 CITY-ST-ZIP Boynton Beach, FL 33435

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles W. Tomlinson III* Charles W. Tomlinson III Date 8/5/96 561-499-8148
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #