

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, INC.  
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  
Suite, Apt. #, etc.

26 618 NE 20 Lane  
Suite, Apt. #, etc.

4. FEI Number  
65-0510812

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

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. 199.032,  
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 (P.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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

618 NE 20 Lane  
Boynton Beach, FL 33435

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0013196

CR2E037 (3/96)