

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-03-2001 90011 014 ****61.25

DOCUMENT # N95000002171

1. Entity Name

FISHERMAN'S COVE VILLAS HOMEOWNERS' ASSOCIATION.

Principal Place of Business

**100 PALM VIEW ROAD
PALMETTO FL 34221**

Mailing Address

**100 PALM VIEW ROAD
PALMETTO FL 34221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0813098

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**GRIMES, CALEB J
GRIMES GOEBEL GRIMES HAWKINS & GLADFELTER
1023 MANATEE AVE. WEST
BRADENTON FL 34206**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPV TSIGOUNIS, STAN 100 PALM VIEW ROAD PALMETTO FL 34221 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST LOEVNER, GERALD 4077 FLAMINGO AVE. SARASOTA FL 34242 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD REYNARD, BETTY 100 PALMVIEW RD. PALMETTO FL 34221 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD Dickie, Peggy 100 Palmview Rd. Palmetto Fl. 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|---|

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, and all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**STAN TSIGOUNIS
5/30/01**

CR2037 (10/00)