

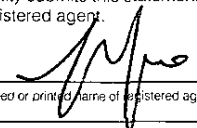
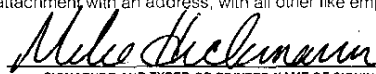


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000002171						<p><b>FILED</b></p> <p>04 NOV 2004 PM 2:11</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Entity Name <b>FISHERMAN'S COVE VILLAS HOMEOWNERS' ASSOCIATION, INC.</b>				<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Principal Place of Business 100 PALM VIEW ROAD PALMETTO, FL 34221</div> <div style="width: 45%;">Mailing Address 100 PALM VIEW ROAD PALMETTO, FL 34221</div> </div>			
2. Principal Place of Business		3. Mailing Address <b>2125 W. Washington Street</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State <b>West Bend, WI</b>					
Zip	Country	Zip	Country	10272004 Chg-NP CR2E037 (10/03)			
Zip <b>53095</b>		Country <b>USA</b>		4. FEI Number <b>65-0843098- 59-3442627</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GRIMES, CALEB J GRIMES GOEBEL GRIMES HAWKINS & GLADFELTER 1023 MANATEE AVE. WEST BRADENTON, FL 34206				Name <b>Sal Izzo</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Palmview Road</b> City <b>Palmetto</b> <b>FL</b> Zip Code <b>34221</b>			
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  <b>10/30/04</b> <b>Sal Izzo</b> / /04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, THOMAS J 100 PALMVIEW RD PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Michael P. Hickmann 2125 W. Washington Street West Bend, WI 53095		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCINTYRE, RICHARD B 7117 PELICAN BAY BLVD #1407 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice-President William J. Hickmann 2125 W. Washington Street West Bend, WI 53095		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MILLER, DENISE L 100 PALMVIEW RD. PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Sal Izzo 100-Palmview-Road Palmetto, FL 34221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042439094 11/03/04--01042--006 **\$61.25		
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		
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		
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:  <b>Michael P. Hickmann</b> / /04 (262) (334) 4444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							