2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# N95000002171

Entity Name: FISHERMAN'S COVE VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

100 PALMVIEW ROAD
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

2125 W. WASHINGTON STREET
WEST BEND, WI 53095

New Mailing Address:

FEI Number: 59-3442627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IZZO, SAL
100 PALMVIEW ROAD
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

HICKMANN, MICHAEL P
127 58TH STREET EAST
PALMETTO, FL 34221 US

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: MICHAEL P. HICKMANN 01/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HICKMANN, MICHAEL P
Address: 2125 W. WASHINGTON STREET
City-St-Zip: WEST BEND, WI 53095

Title: VD ( ) Delete
Name: HICKMANN, WILLIAM J
Address: 2125 W. WASHINGTON STREET
City-St-Zip: WEST BEND, WI 53095

Title: ST ( ) Delete
Name: IZZO, SAL
Address: 100 PALMVIEW ROAD
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. HICKMANN PD 01/27/2006
Electronic Signature of Signing Officer or Director Date