

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002171

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

127 58TH STREET EAST  
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:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HICKMANN, MICHAEL P  
**Address:** 127 58TH STREET EAST  
**City-St-Zip:** PALMETTO, FL 34221

**Title:** VD  
**Name:** HICKMANN, WILLIAM J  
**Address:** 127 58TH STREET EAST  
**City-St-Zip:** PALMETTO, FL 34221

**Title:** ST  
**Name:** IZZO, SAL  
**Address:** 127 58TH STREET EAST  
**City-St-Zip:** PALMETTO, FL 34221

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL P HICKMANN

PD

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date