

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 29, 2011
Secretary of State**

DOCUMENT# N97000002252

Entity Name: FISHERMEN'S VILLAGE ASSOCIATES, INC.**Current Principal Place of Business:**4790 S. ATLANTIC AVE
F602
PONCE INLET, FL 32127**New Principal Place of Business:****Current Mailing Address:**4790 S. ATLANTIC AVE
F602
PONCE INLET, FL 32127**New Mailing Address:****FEI Number:** 59-3448454**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCINTYRE, TERRY
4790 SO. ATLANTIC AVENUE
SUITE F602
PONCE INLET, FL 32127 US**Name and Address of New Registered Agent:**MCINTYRE, TERRY
4790 SOUTH ATLANTIC AVENUE
UNIT F602
PONCE INLET, FL 32127 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:

07/29/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: MCINTYRE, TERRY
Address: 4790 SOUTH ATLANTIC AVE UNIT F602
City-St-Zip: PONCE INLET, FL 32127

Title: SD
Name: REAMY, ERMA S
Address: 4787 SOUTH ATLANTIC AVE UNIT 4
City-St-Zip: PONCE INLET, FL 32127

Title: TD
Name: DELUCA, NANCY
Address: 4525 SOUTH ATLANTIC AVE #1301
City-St-Zip: PONCE INLET, FL 32127

Title: D
Name: TAYLOR, REGINALD
Address: 4790 SOUTH ATLANTIC AVE., #D403
City-St-Zip: PONCE INLET, FL 32127

Title: D
Name: GRABOWSKI, WALTER
Address: 11 LONGVIEW LN
City-St-Zip: WELLSBORO, PA 16901

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: TERRY MCINTYRE

PD

07/29/2011

Electronic Signature of Signing Officer or Director_____
Date