

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002252

FILED
Apr 10, 2012
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

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

Title: D
Name: REAMY, ERMA S
Address: 4787 SOUTH ATLANTIC AVE # 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, YVONNE
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

04/10/2012

Electronic Signature of Signing Officer or Director

Date