2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000006083

TI FILED

Nov 01, 2006

Secretary of State

Entity Name: FISCHER LAKE ISLAND PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1500 EAGLE'S CIR SEBASTIAN, FL 32958 **Current Mailing Address: New Mailing Address:** 1500 EAGLE'S CIR SEBASTIAN, FL 32958 FEI Number: 65-1087721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, CYNTHIA JOHNSON, CYNTHIA 1500 EAGLES CIR 1564 EAGLES CIR SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 US 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: CYNTHIA JOHNSON 11/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition JOHNSON, CYNTHIA Name: Name: 1564 EAGLES CIRCLE Address: Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: Title: () Delete () Change () Addition DALE, DAVID Name: Name: Address: 1528 EAGLES CIR Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: () Delete Title: () Change () Addition MCCORMICK, RICHARD Name: Name: Address: 2249 SW MONTERREY LN Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CANNON, RACHEL Name: 1504 EAGLES CIR Address: Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: () Delete Title: (X) Change () Addition STOUT, DAN STOUT, DANIEL Name: Name: 1517 EAGLES CIR 1517 EAGLES CIR Address: Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: SEBASTIAN, FL 32958 Title: () Delete Title: () Change () Addition CANNON, JOHN Name: Name: Address: 1504 EAGLES CIR Address: SEBASTIAN, FL 32958 City-St-Zip: 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: CYNTHIA JOHNSON DP 11/01/2006