

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714779

Entity Name: FISHERMAN'S COVE ASSOCIATION, INC.**Current Principal Place of Business:**9000 BLIND PASS ROAD
SARASOTA, FL 34242**Current Mailing Address:**9000 BLIND PASS ROAD
SARASOTA, FL 34242 US**FEI Number:** 59-1232713**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FISHERMAN'S COVE ASSOCIATION, INC.
9000 BLIND PASS ROAD
SARASOTA, FL 34242 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:** TODD COOKE, GM

02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MANGIE, EVELYN
Address 9000 BLIND PASS RD.
B107
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name WRAZEN, ROBERT
Address 334 WEXLEY DRIVE
City-State-Zip: NEWTOWN PA 18940

Title TREASURER
Name SJOBLUM, WILLIAM P.
Address 1103 LAKE POINT DRIVE
City-State-Zip: WESTERVILLE OH 43082

Title DIRECTOR
Name MATAKA, JACK
Address 9000 BLIND PASS RD.
B112
City-State-Zip: SARASOTA FL 34242

Title PRESIDENT
Name VANDERHOOF, WILLIAM
Address 215 GILMAN ROAD
City-State-Zip: CHURCHVILLE NY 14428

Title VP
Name PLAPPERT, JAMES
Address 8 ANCHORAGE POINT
City-State-Zip: LOUISVILLE KY 40223

Title DIRECTOR
Name YASKANICH, JOHN S.
Address 529 COLUMBIA RD.
City-State-Zip: BAY VILLAGE OH 44140

Title DIRECTOR
Name CAUDILL, CARRIE
Address 420 BEACH ROAD
604
City-State-Zip: SARASOTA FL 34242

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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: WILLIAM VANDERHOOF

BOARD PRESIDENT

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LIPPOWITSCH, KARL
Address	7487 GINGER LANE
City-State-Zip:	CINCINNATI OH 45244