

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002171

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

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC0913612679**

**Current Principal Place of Business:**

100 PALMVIEW ROAD  
PALMETTO, FL 34221

**Current Mailing Address:**

2125 W. WASHINGTON STREET  
WEST BEND, WI 53095

**FEI Number:** 59-3442627

**Certificate of Status Desired:** No

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

HICKMANN, MICHAEL P  
100 PALMVIEW ROAD  
PALMETTO, FL 34221 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | PD                  | Title           | VD                  |
| Name            | HICKMANN, MICHAEL P | Name            | HICKMANN, WILLIAM J |
| Address         | 100 PALMVIEW ROAD   | Address         | 100 PALMVIEW ROAD   |
| City-State-Zip: | PALMETTO FL 34221   | City-State-Zip: | PALMETTO FL 34221   |
| Title           | ST                  |                 |                     |
| Name            | IZZO, SAL           |                 |                     |
| Address         | 100 PALMVIEW ROAD   |                 |                     |
| City-State-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

**MANAGER**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date