

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08136 (6)
1. Corporation Name
ANGLERS COVE MOBILE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business 944 REYNOLDS RD. P.O. BOX 142 LAKELAND FL 33801	Mailing Address 944 REYNOLDS RD. P.O. BOX 142 LAKELAND FL 33801
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3. Date Incorporated or Qualified 03/13/1985	
4. FEI Number 59-2428299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**MATTOX, RAY
170 E. CENTRAL AVENUE
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	STRUCK, ROBERT
STREET ADDRESS	944 REYNOLDS ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	V <input type="checkbox"/> DELETE
NAME	ASBURY, JACK
STREET ADDRESS	944 REYNOLDS ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WILDA, JEWELL
STREET ADDRESS	944 REYNOLDS AVE.
CITY-ST-ZIP	LAKELAND FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BAZZETTA, NANCY
STREET ADDRESS	944 REYNOLDS ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PLOPPERT, JAMES
STREET ADDRESS	944 REYNOLDS ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DYKEMAN, AL
STREET ADDRESS	944 REYNOLDS ROAD
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ray REPERT
1.3 STREET ADDRESS	944 Reynolds Road
1.4 CITY-ST-ZIP	Lakeland, FL 33801
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marilyn Thompson
2.3 STREET ADDRESS	944 Reynolds Road
2.4 CITY-ST-ZIP	Lakeland FL 33801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIANE Goring
4.3 STREET ADDRESS	944 Reynolds Road
4.4 CITY-ST-ZIP	Lakeland FL 33801
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARION STAMBLE
5.3 STREET ADDRESS	944 Reynolds Road
5.4 CITY-ST-ZIP	Lakeland FL 33801
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MURRAY HAMILTON
6.3 STREET ADDRESS	944 Reynolds Road
6.4 CITY-ST-ZIP	Lakeland FL 33801

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wilda Jewell - Wilda Jewell - 2-9-98* 666-2081

CFR2037 (10/97)