


FILE NOW: FILING FEE IS \$61.25

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**Mar 08, 1999 8:00 am**  
**Secretary of State**

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03-08-1999 90059 023 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08136**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>03/13/1985</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2428299</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>MATTOX, RAY</b> <b>170 E. CENTRAL AVENUE</b> <b>WINTER HAVEN FL 33880</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPERT, KAY	1.2 NAME	P. BLASTIC, MARY JANE
STREET ADDRESS	944 REYNOLDS RD	1.3 STREET ADDRESS	944 Reynolds Rd
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MARILYN	2.2 NAME	SAME
STREET ADDRESS	944 REYNOLDS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDA, JEWELL	3.2 NAME	SAME
STREET ADDRESS	944 REYNOLDS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORING, DIANE	4.2 NAME	SD BAZZETTA, Nancy
STREET ADDRESS	944 REYNOLDS RD	4.3 STREET ADDRESS	944 Reynolds Rd
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMBLE, MARION	5.2 NAME	D Logan, James
STREET ADDRESS	944 REYNOLDS RD	5.3 STREET ADDRESS	944 Reynolds Rd
CITY-ST-ZIP	LAKELAND FL 33801	5.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, MURRAY	6.2 NAME	SAME
STREET ADDRESS	944 REYNOLDS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: Wilda Jewell **SIGNATURE REQUIRED** Wilda Jewell 2-22-99 941-666-2081  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)