

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0065224

DOCUMENT # N08136

03-05-2001 90317 020 ****61.25

1. Entity Name

ANGLERS COVE MOBILE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

944 REYNOLDS RD.
 P.O. BOX 142
 LAKELAND FL 33801

944 REYNOLDS RD.
 P.O. BOX 142
 LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2428299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
 STREET ADDRESS **BLASTIC, MARY JANE**
 CITY-ST-ZIP **944 REYNOLDS RD Lot 36**
LAKELAND FL 33801

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **THOMPSON, MARILYN**
 CITY-ST-ZIP **944 REYNOLDS RD Lot 108**
LAKELAND FL 33801

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**WILDA JEWELL**~~ **London**
 STREET ADDRESS **944 REYNOLDS AVE.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME **T Diane GORDON**
 STREET ADDRESS **944 Reynolds Rd Lot 13**
 CITY-ST-ZIP **Lakeland FL 33801**

TITLE Delete
 NAME **SD**
 STREET ADDRESS **BAZZETTA, NANCY**
 CITY-ST-ZIP **944 REYNOLDS RD Lot 15**
LAKELAND FL 33801

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **PHYLLIS, GREGORY, Phyllis**
 CITY-ST-ZIP **944 REYNOLDS RD #123**
LAKELAND FL 33801

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **LARSON, DAVID Edwards**
 CITY-ST-ZIP **944 REYNOLDS RD #74**
LAKELAND FL 33801

TITLE Change Addition
 NAME **Don Edwards**
 STREET ADDRESS **944 Reynolds Rd Lot 10**
 CITY-ST-ZIP **Lakeland FL 33801**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILDA JEWELL *Diane M GORDON* 19 Mar 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)