

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90031 006 ****61.25

DOCUMENT # N08136

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



DO NOT WRITE IN THIS SPACE

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	P	<input type="checkbox"/> Delete
NAME	BLASTIC, MARY JANE	
STREET ADDRESS	944 REYNOLDS RD LOT 36	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, MARILYN	
STREET ADDRESS	944 REYNOLDS RD LOT 108	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	T	<input type="checkbox"/> Delete
NAME	GORDON, DIANE	
STREET ADDRESS	944 REYNOLDS RD LOT 13	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAZZETTA, NANCY	
STREET ADDRESS	944 REYNOLDS RD LOT 15	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHYLLIS, GREGORY	
STREET ADDRESS	944 REYNOLDS RD #123	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, DON	
STREET ADDRESS	944 REYNOLDS RD, LOT 10	
CITY-ST-ZIP	LAKELAND FL 33801	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Don Edwards*

Don Edwards Treasurer

8 Jan 02 863 668-0431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)