


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90073 049 ****61.25


DOCUMENT # N08136
1. Entity Name
ANGLERS COVE MOBILE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
944 REYNOLDS RD. 944 REYNOLDS RD.
P.O. BOX 142 P.O. BOX 142
LAKELAND FL 33801 LAKELAND FL 33801

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2428299** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MATTOX, RAY
170 E. CENTRAL AVENUE
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STRUCK, ROBERT	
STREET ADDRESS	944 REYNOLDS ROAD, LOT 11	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAMPLETON, ROBERTA	
STREET ADDRESS	944 REYNOLDS ROAD, LOT #178	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	T	<input type="checkbox"/> Delete
NAME	COUSINEAU, MARILYN	
STREET ADDRESS	944 REYNOLDS RD., LOT. #7	
CITY-ST-ZIP	LAKELAND FL 33801-6460	
TITLE	SD	<input checked="" 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	JEWELL, WILDA	
STREET ADDRESS	944 REYNOLDS RD., LOT. 094	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JOHN	
STREET ADDRESS	944 REYNOLDS ROAD, LOT 606	
CITY-ST-ZIP	LAKELAND FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD QUADA	
STREET ADDRESS	944 REYNOLDS ROAD LOT 96	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON JONES	
STREET ADDRESS	944 REYNOLDS RD LOT 61	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUANE WITTER	
STREET ADDRESS	944 REYNOLDS RD LOT 43	
CITY-ST-ZIP	LAKELAND FL 33801	
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: *Marilyn Cousineau* **MARILYN COUSINEAU** 2/24/05 863 666-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #