

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90038 016 ****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 (10/05)
 4. FEI Number Applied For
59-2428299 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete QUAPA, RONALD 944 REYNOLDS RD LOT 96 LAKELAND FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete JONES, SHARON 944 REYNOLDS RD LOT 61 LAKELAND FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete COUSINEAU, MARILYN 944 REYNOLDS RD., LOT. #7 LAKELAND FL 33801-6460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete WITTER, DUANE 944 REYNOLDS RD #43 LAKELAND FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JEWELL, WILDA 944 REYNOLDS RD., LOT. 094 LAKELAND FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ROBERTS, JOHN 944 REYNOLDS ROAD, LOT 606 LAKELAND FL 33801

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition COARCTION NAME QUADA INCORRECT SPELLING
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY JUDY CALDARELLI 944 REYNOLDS RD LOT 106 LAKELAND FL 33801

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* Feb 3/06 863 666-9797