


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90030 035 ****61.75

DOCUMENT # N08136			
1. Entity 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2428299	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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. 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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUAPA, RONALD	NAME			
STREET ADDRESS	944 REYNOLDS RD LOT 96	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JONES, SHARON	NAME			
STREET ADDRESS	944 REYNOLDS RD LOT 61	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COUSINEAU, MARILYN	NAME			
STREET ADDRESS	944 REYNOLDS RD., LOT. #7	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801-6460	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WITTER, DUANE	NAME			
STREET ADDRESS	944 REYNOLDS RD #43	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JEWELL, WILDA	NAME			
STREET ADDRESS	944 REYNOLDS RD., LOT. 094	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CALDARELLI, JUDY	NAME			
STREET ADDRESS	944 REYNOLDS RD LOT 106	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP			

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: Ronald B Quada 3/24/2007 863-665-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #