

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08136

FILED
Mar 08, 2011
Secretary of State

Entity Name: ANGLERS COVE MOBILE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

944 REYNOLDS RD. LOT 142
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

944 REYNOLDS RD. LOT 142
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-2428299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: QUADA, RONALD
Address: 944 REYNOLDS RD LOT 96
City-St-Zip: LAKELAND, FL 33801

Title: VP
Name: MOORE, CHERIE
Address: 944 REYNOLDS RD LOT 157
City-St-Zip: LAKELAND, FL 33801

Title: T
Name: BENN, KAREN
Address: 944 REYNOLDS RD., LOT. 34
City-St-Zip: LAKELAND, FL 33801

Title: D
Name: CHILDS, HAROLD
Address: 944 REYNOLDS RD LOT 23
City-St-Zip: LAKELAND, FL 33801

Title: D
Name: RICHTER, PATRICIA
Address: 944 REYNOLDS RD LOT 156
City-St-Zip: LAKELAND, FL 33801

Title: S
Name: WALL, MARIE
Address: 944 REYNOLDS RD LOT 145
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN BENN

T

03/08/2011

Electronic Signature of Signing Officer or Director

Date