

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08136

FILED
Feb 06, 2012
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: TROTTIER, JEFFREY SR.
Address: 944 REYNOLDS RD LOT 151
City-St-Zip: LAKELAND, FL 33801

Title: VP
Name: MATUSZAK, SHARON
Address: 944 REYNOLDS RD LOT 187
City-St-Zip: LAKELAND, FL 33801

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

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

Title: D
Name: JEWELL, WILDA
Address: 944 REYNOLDS RD LOT 94
City-St-Zip: LAKELAND, FL 33801

Title: D
Name: CALDARELLI, JUDY
Address: 944 REYNOLDS RD LOT 106
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 M. BENN

T

02/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date