

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR -6 AM 6:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N37695 (6)**

1. Corporation Name

**ANCHOR VILLAGE TOWNHOMES & VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**ANCHOR DRIVE  
INDIAN HARBOUR BE. FL 32937  
US**

**P.O. BOX 373171  
SATELLITE BEACH FL 32937  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/16/1990** 3a. Date of Last Report **01/25/1994**

4. FEI Number **65-0219927** Applied For  Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, JEFFREY  
8 ANCHOR DRIVE  
INDIAN HARBOUR BEACH FL 32937**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Lucille Stoffer*

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>THOMPSON, JEFFREY</b>
STREET ADDRESS	<b>8 ANCHOR DRIVE</b>
CITY - ST - ZIP	<b>INDIAN HARBOUR BEACH FL</b>
TITLE	<b>VPD</b>
NAME	<b>DETMER, JOHN</b>
STREET ADDRESS	<b>43 ANCHOR DR</b>
CITY - ST - ZIP	<b>INDIAN HBR BE</b>
TITLE	<b>SD</b>
NAME	<b>VELLARD, DOROTHY</b>
STREET ADDRESS	<b>102 ANCHOR DRIVE</b>
CITY - ST - ZIP	<b>INDIAN HBR. BEACH FL</b>
TITLE	<b>TD</b>
NAME	<b>HILL, ERIN</b>
STREET ADDRESS	<b>22 ANCHOR DR</b>
CITY - ST - ZIP	<b>INDIAN HBR BCH FL</b>
TITLE	<b>D</b>
NAME	<b>BRADFORD, MARILYN</b>
STREET ADDRESS	<b>52 ANCHOR DR</b>
CITY - ST - ZIP	<b>INDIAN HBR BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Bradford, Marilyn</b>
23 STREET ADDRESS	<b>52 Anchor Dr.</b>
24 CITY - ST - ZIP	<b>Indian Hbr. Be. Fl. 32937</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Stoffer, Lucy</b>
43 STREET ADDRESS	<b>74 Anchor Dr.</b>
44 CITY - ST - ZIP	<b>Indian Harbour Be. Fl. 52937</b>
51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Hill, Erin</b>
53 STREET ADDRESS	<b>22 Anchor Dr.</b>
54 CITY - ST - ZIP	<b>Indian Hbr. Be. Fl. 32937</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lucille Stoffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

*Lucille Stoffer* (901) 773-5284  
DATE: 3-31-95