

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified 04/16/1990	3a. Date of Last Report 04/06/1995
4. FEI Number 65-0219927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JEFFREY	1.2 NAME	
STREET ADDRESS	8 ANCHOR DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, MARILYN	2.2 NAME	
STREET ADDRESS	52 ANCHOR DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HBR BE	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEILLARD, DOROTHY	3.2 NAME	
STREET ADDRESS	102 ANCHOR DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HBR. BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOFFER, LUCY	4.2 NAME	
STREET ADDRESS	74 ANCHOR DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HBR BCH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ERIN	5.2 NAME	
STREET ADDRESS	22 ANCHOR DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HBR BCH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 119.07(3)(k), 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:

Lucy Stoffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96 (407)773-5284

Date

Daytime Phone #

CR2E037 (12/95)