

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37695 (6)
1. Corporation Name
ANCHOR VILLAGE TOWNHOMES & VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business ANCHOR DRIVE INDIAN HARBOUR BE. FL 32937 US	Mailing Address P.O. BOX 373171 SATELLITE BEACH FL 32937-1171 US
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
25 Country	30 Country

3. Date Incorporated or Qualified 04/16/1990	3a. Date of Last Report 03/19/1996
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THOMPSON, JEFFREY
8 ANCHOR DRIVE
INDIAN HARBOUR BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name R.W. STEVENS
82 Street Address (P.O. Box Number is Not Acceptable) 37 ANCHOR DRIVE
83
84 City INDIAN HARBOUR BEACH
85 Zip Code FL 32937

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: *R.W. Stevens* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, JEFFREY	1.2 NAME	R.W. STEVENS
STREET ADDRESS	8 ANCHOR DRIVE	1.3 STREET ADDRESS	37 ANCHOR DRIVE
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	1.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADFORD, MARILYN	2.2 NAME	JOHN CETRULO
STREET ADDRESS	52 ANCHOR DR	2.3 STREET ADDRESS	54 ANCHOR DRIVE
CITY-ST-ZIP	INDIAN HBR BE	2.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE: *8-10-97* DAYTIME PHONE # *407-773-5284*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)