


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ANCHOR DRIVE INDIAN HARBOUR BE. FL 32937 US	Mailing Address P.O. BOX 373171 SATELLITE BEACH FL 32937 US
---	---

3. Date Incorporated or Qualified
04/16/1990

4. FEI Number 65-0219927	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent
**R.W. STEVENS
37 ANCHOR DR
INDIAN HARBOUR BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name Dorothy Veillard
82 Street Address (P.O. Box Number is Not Acceptable) 102 Anchor DR.
83
84 City Indian Harbour Beach FL
85 Zip Code 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 *Dorothy Veillard Pres.* DATE **3/3/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME R.W. STEVENS		1.2 NAME Dorothy Veillard	
STREET ADDRESS 37 ANCHOR DR		1.3 STREET ADDRESS 102 Anchor Dr.	
CITY-ST-ZIP INDIAN HARBOUR BEACH FL		1.4 CITY-ST-ZIP Indian Hbr. Bch. Fl. 32937	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN CETRULO		2.2 NAME Erin Hill	
STREET ADDRESS 54 ANCHOR DR		2.3 STREET ADDRESS 229 Sand Dollar Rd	
CITY-ST-ZIP INDIAN HBR BE		2.4 CITY-ST-ZIP Indian Harbour Beach, Fl. 32903	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VEILLARD, DOROTHY		3.2 NAME Josephine McClung	
STREET ADDRESS 102 ANCHOR DRIVE		3.3 STREET ADDRESS 33 Anchor Dr.	
CITY-ST-ZIP INDIAN HBR. BEACH FL		3.4 CITY-ST-ZIP Indian Harbour Bch. Fl. 32937	
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 checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HILL, ERIN		5.2 NAME Denise Petri	
STREET ADDRESS 22 ANCHOR DR		5.3 STREET ADDRESS 18 Anchor Dr.	
CITY-ST-ZIP INDIAN HBR BCH FL		5.4 CITY-ST-ZIP Indian Harbour Bch. Fl. 32937	
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 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 (Lucille Stoffer) 2-19-98 (407) 773-5284*

CR2E037 (10/97)