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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37695

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/16/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0219927	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VEILLARD, DOROTHY 102 ANCHOR DR INDIAN HARBOUR BEACH FL 32937				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (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	VEILLARD, DOROTHY	1.2 NAME	
STREET ADDRESS	102 ANCHOR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, ERIN	2.2 NAME	VPD Patricia Mottern
STREET ADDRESS	229 SAND DOLLAR RD	2.3 STREET ADDRESS	29 Anchor Dr.
CITY-ST-ZIP	INDIALANTIC FL 32903	2.4 CITY-ST-ZIP	Ind. Hbr. Bch. Fl. 32937
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLUNG, JOSEPHINE	3.2 NAME	SD Sharon Gross
STREET ADDRESS	33 ANCHOR DR	3.3 STREET ADDRESS	107 Anchor Dr.
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	3.4 CITY-ST-ZIP	Ind. Hbr. 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETRI, DENISE	5.2 NAME	D Frances Cerasoli
STREET ADDRESS	18 ANCHOR DR	5.3 STREET ADDRESS	59 Anchor Dr.
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	5.4 CITY-ST-ZIP	Ind. Hbr. 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, with all other like empowered.

SIGNATURE: Lucy Stoffer **SIGNATURE REQUIRED** 3-8-99 (407) 773-0284
 _____ Date _____ Daytime Phone #

CR2E037 (1/198)