


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90021 025 ****61.25

DOCUMENT # N37695					
1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0219927	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOFFER, LUCILLE 74 ANCHOR DR INDIAN HARBOUR BEACH FL 32937			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, JACK		NAME	Gordon Spinney	
STREET ADDRESS	52 ANCHOR DR		STREET ADDRESS	54 Anchor Dr.	
CITY-ST-ZIP	INDIAN HARBOUR BRACH FL 32937		CITY-ST-ZIP	Indian Harbour Beach, Fl. 32937	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, SPINNEY		NAME	Bonnie Zaines	
STREET ADDRESS	54 ANCHOR DR		STREET ADDRESS	90 Anchor Dr.	
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937		CITY-ST-ZIP	Indian Harbour Beach, Fl. 32937	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLEMAN, CARRIE		NAME	Sharon Gross	
STREET ADDRESS	29 ANCHOR DR.		STREET ADDRESS	107 Anchor Dr.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937		CITY-ST-ZIP	Indian Harbour Beach, Fl. 32937	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOFFER, LUCY		NAME		
STREET ADDRESS	74 ANCHOR DR		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HBR BCH FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAIMES, BONNIE		NAME	Phillip Yacovone	
STREET ADDRESS	90 ANCHOR DR.		STREET ADDRESS	102 Anchor Dr.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937		CITY-ST-ZIP	Indian Harbour Beach, Fl. 32937	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucille Stoffer Lucille Stoffer 4-23-08*