

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37695

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** ANCHOR VILLAGE TOWNHOMES & VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ANCHOR DRIVE  
INDIAN HARBOUR BE., FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 373171  
SATELLITE BEACH, FL 32937 US

**New Mailing Address:**

FEI Number: 65-0219927      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOFFER, LUCILLE  
74 ANCHOR DR  
INDIAN HARBOUR BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GORDON, SPINNEY  
Address: 54 ANCHOR DR  
City-St-Zip: INDIAN HARBOUR BRACH, FL 32937

Title: VPD ( ) Delete  
Name: ZAINES, BONNIE  
Address: 90 ANCHOR DR  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SD ( ) Delete  
Name: GROSS, SHARON  
Address: 107 ANCHOR DR  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: TD ( ) Delete  
Name: STOFFER, LUCY  
Address: 74 ANCHOR DR  
City-St-Zip: INDIAN HBR BCH, FL

Title: D ( ) Delete  
Name: YACOVONE, PHILLIP  
Address: 102 ANCHOR DR  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCILLE STOFFER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/08/2009

\_\_\_\_\_  
Date