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Feb 16 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 # **N95000005326 (2)**

1. Corporation Name
**ANCLOTE ISLES HOMEOWNERS' ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~46 WEST LEMON STREET~~<br>~~TARPON SPRINGS FL 34689~~ | ~~46 WEST LEMON STREET~~<br>~~TARPON SPRINGS FL 34689~~ |

3. Date Incorporated or Qualified: 11/08/1995

4. FEI Number: 59-3369186 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1165 MARINA DRIVE | 26 1165 MARINA DRIVE |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 TARPON SPRINGS, FL | City & State 28 Tarpon Springs FL |
| Zip 24 34689 Country 25 U.S.A. | Zip 29 34689 Country 30 U.S.A. |

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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~ZUTES, INC~~<br>~~46 W LEMON ST~~<br>~~TARPON SPRINGS FL 34689~~ | 81 Name: PAULINE ROBERTS<br>82 Street Address (P.O. Box Number is Not Acceptable): 1165 MARINA DRIVE<br>83<br>84 City: TARPON SPRINGS FL 85 Zip Code: 34689 |

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: Pauline Roberts, TREASURER 2/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ZUTES, GEORGE<br>46 WEST LEMON STREET<br>TARPON SPRINGS FL 34689 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PRESIDENT/DIRECTOR<br>MASON, RICHARD A.<br>1165 MARINA DRIVE<br>TARPON SPRINGS, FL 34689 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FAUSAK, CHARYL L<br>5253 BOB WHITE DRIVE<br>HOLIDAY FL 34690 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DIRECTOR<br>FAROH, TOMMY L.<br>1165 MARINA DRIVE<br>TARPON SPRINGS, FL 34689 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NOFFZ, ANNETTE J<br>1085 VIRGINIA STREET<br>DUNEDIN FL 34698 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | SECRETARY/DIRECTOR<br>FRESH, DOUGLAS J.<br>1165 MARINA DRIVE<br>TARPON SPRINGS, FL 34689 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | TREASURER/DIRECTOR<br>ROBERTS, PAULINE<br>1165 MARINA DRIVE<br>TARPON SPRINGS, FL 34689 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/97)

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:** Pauline Roberts 2/8/98