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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500005326

Corporation Name

ANCLOTE ISLES HOMEOWNERS' ASSOCIATION, INC.

Principal Plac	ce of Business	Mailing Address			7		
1165 MARINA DRIVE 1165 MARINA DRIVE TARPON SPRINGS FL 34689 US US			19				
					• •		
2 Principal I	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21	— · · · · · · · · · · · · · · · · · · ·				11/08/1995		
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Appli	ed For
22	27				59-3369186		Applicable
City & Sta	tte	City & State			5. Certificate of Status Desired	\$8.75 Add Fee Requ	
23		28	0=			<u>-</u>	
Zip	Country	Zip	Country 30	,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 м Added to	
24	9. Name and Address of Currer		30}		10. Name and Address of New Registered		
	9. Name and Address of Currer	it Kegistered Agent	81	Name	IV. Halle did Addied of Health		
DODEDT.	2 DANIE			1	- I O O D N I I I N A Achia		
ROBERTS, PAULINE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
1165 MARINA DRIVE TARPON SPRINGS FL 34689			83	 			
IARPON	3FRINGS FL 34009		84	City		85 Zip Co	de
			104	City	Fl	_	-
I office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	itnonzed by	tne corpora	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	intment as regis	stered
SIGNATORE	Signature, typed or printed name of registered age			nt signature requi	red when reinstating) DATE	UD DUDEOTOD	C (N) 42
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PD	™ DÉLETE	1.1 TITLE	'	PERTILE, Richard K	, Change	Z Guidon
NAME	MASON, RICHARD A.		1.2 NAME	T ADDRESS /	WARINA PRIVE		
STREET ADDRESS	1 1 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.4 CITY-5	T ALDRESS /	ARPON SPRINGS, EL 34	1689	
CITY-ST-ZIP TITLE	TARPON SPRINGS FL 34689	□ DELETE	2.1 TITLE	51-ZiP /2	1/12/10/0 = 1/12/11 = 1	Change	Addition
NAME	FAROH, TOMMY L.	<u> </u>	2.2 NAME				
STREET ADDRES			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	HOLIDAY FL 34689		2. 4 CITY-	ST-ZIP			
TITLE	SD	DELETE	3.1 TITLE		DIRECTOR	☐ Change	Addition
NAME	FRESH, DOUGLAS J.			1 2	A.D.O Marie Che		
STREET ADDRESS			3.2 NAME	4	שומאטנים, אומיונים	ναυχ	
	s 1165 MARINA DRIVE			T ADDRESS	165 MARINA DRIVE	va u _i z	9
CITY-ST-ZIP	s 1165 MARINA DRIVE DUNEDIN FL 34689		3.3 STREE 3.4. CITY-	T ADDRESS ST-ZIP	DIRECTOR DUBUC, Marie Che 1165 MARINA DRIVE TARPON SPRINGS, FL	3468	3
CITY-ST-ZIP	DUNEDIN FL 34689 TD	☐ DELETE	3.3 STREE 3.4. CITY- 4.1 TITLE	ST-ZIP	TARPON SPRINGS, FL	7468€	3 ☐ Addition
	DUNEDIN FL 34689 TD ROBERTS, PAULINE	☐ DELETE	3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP 7	TARPON SPRINGS, FL	3468	3 □ Addition
TITLE	DUNEDIN FL 34689 TD ROBERTS, PAULINE s 1165 MARINA DRIVE	DELETE \	3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP	TARPON SPRINGS, FL	3468	3 ☐ Addition
NAME STREET ADDRES CITY-ST-ZIP	DUNEDIN FL 34689 TD ROBERTS, PAULINE		3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-	ST-ZIP	TARPON SPRINGS, FL	Change	Addison
NAME STREET ADDRESS	DUNEDIN FL 34689 TD ROBERTS, PAULINE s 1165 MARINA DRIVE	DELETE	3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP	TARPON SPRINGS, FL	3468	Addition

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 arn 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

ROBERTS

1/17/99 Daytime Phone

☐ Change

☐ Addition

FILED

03-01-1999 90159 006 ****61.25

Mar 01, 1999 8:00 am § Secretary of State

KZE03/ (11/98)