

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90042 004 ****61.25

DOCUMENT # N95000005326 1. Entity Name ANCLOTE ISLES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1165 MARINA DRIVE TARPON SPRINGS, FL 34689			Mailing Address 1165 MARINA DRIVE TARPON SPRINGS, FL 34689		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3369186	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LEWIS, NORMA 1165 MARINA DR TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent Name IRWIN M. SCHINDLER Street Address (P.O. Box Number is Not Acceptable) 1165 MARINA DRIVE City TARPON SPRINGS FL 34689	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, ROBERT 1165 MARINA DR TARPON SPRINGS, FL 34689	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ROBERTS, MILLARD 1165 MARINA DR TARPON SPRINGS, FL 34689	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JACKIE 1165 MARINA DR TARPON SPRINGS, FL 34689	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T SCHINDLER, IRWIN M 1165 MARINA DR TARPON SPRINGS, FL 34689	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRETTI, MARY ANN 1165 MARINA DRIVE TARPON SPRINGS, FL 34689	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, NORMA 1165 MARINA DR TARPON SPRINGS, FL 34689	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
IRWIN M. SCHINDLER 2/2/04 727/934-7734 Date Daytime Phone #					