

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90052 024 ****61.25

DOCUMENT # N95000005326

1. Entity Name
ANCLOTE ISLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1165 MARINA DRIVE
TARPON SPRINGS, FL 34689 US**

Mailing Address
**1165 MARINA DRIVE
TARPON SPRINGS, FL 34689 US**

50010427



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3369186

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHINDLER, IRWIN
1165 MARINA DR
TARPON SPRINGS, FL 34689**

Name **ROBERTS, MILLARD J.**
Street Address (P.O. Box Number is Not Acceptable)

1165 MARINA DRIVE

City **TARPON SPRINGS**

FL

Zip Code
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]

MILLARD J. ROBERTS, SECRETARY,

01/28/05

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **DP** ☒ Delete
NAME **MILLARD, ROBERT**
STREET ADDRESS **1165 MARINA DR**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME **JACKSON, JACKIE**
STREET ADDRESS **1165 MARINA DR.**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FERRETTI, MARY ANN**
STREET ADDRESS **1165 MARINA DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Change ☒ Addition
NAME **DUBUC, DANA**
STREET ADDRESS **1165 MARINA DR**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Change ☒ Addition
NAME **ROBERTS, MILLARD**
STREET ADDRESS **1165 MARINA DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Change ☒ Addition
NAME **KROL, NOELLE**
STREET ADDRESS **1165 MARINA DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILLARD J. ROBERTS

01/28/05

727 938-9260

(Date)

(Telephone Number)