2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005326



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90155 003 ****61.25

ANGLOTE	EISLES HOMEOWNERS' ASS	OCIATION, INC.						
Principal Place of Business 1165 MARINA DRIVE TARPON SPRINGS FL 34689 US		Mailing Address 1165 MARINA DRIVE TARPON SPRINGS FL 34689 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3369186			oplied For
^L Zip	Country	Zip	Country	ti men i	5. Certificate of Sta	atus Desired 🔲	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		*	7. Name and Add	ress of New Registe	red Agent	
JACKSOI 1165 MAI TARPON	City	Street Address (P.O. Box Number is Not Acceptable) 1165 MANUNA						
the obligat	named entity submits this statement for items of registered agent. Signature, typed or printed name of registered agent to the statement for the statement	ews No	PRMA LE Registered Agent signat palign Financing	EWS ture required w	DIRECTO	Make Ch	8/Q3	to
10.	OFFICERS AND DIF	RECTORS	11. 3	ΑΓ	ODITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERTILE, RICHARD K 1165 MARINA DRIVE TARPON SPRINGS FL 34689	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1165 WILL	ARD RODI	erts	☐ 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	Non-	MA LEWIS MARINALE		☐ 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		☐ 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			- Th	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

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.

1/18/03

(727) 938-6558