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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37695** (6)

1. Corporation Name

**ANCHOR VILLAGE TOWNHOMES & VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**ANCHOR DRIVE  
INDIAN HARBOUR BE. FL 32937  
US**

**P.O. BOX 373171  
SATTELLITE BEACH FL 32937-1171  
US**



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified  
**04/16/1990**

3a. Date of Last Report  
**03/19/1996**

4. FEI Number  
**65-0219927**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, JEFFREY  
8 ANCHOR DRIVE  
INDIAN HARBOUR BEACH FL 32937**

81 Name

**R.W. STEVENS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**37 ANCHOR DRIVE**

83

84 City

**INDIAN HARBOUR BEACH**

FL

85 Zip Code

**32937**

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

*R.W. Stevens*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JEFFREY	
STREET ADDRESS	8 ANCHOR DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRADFORD, MARILYN	
STREET ADDRESS	52 ANCHOR DR	
CITY-ST-ZIP	INDIAN HBR BE	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VEILLARD, DOROTHY	
STREET ADDRESS	102 ANCHOR DRIVE	
CITY-ST-ZIP	INDIAN HBR. BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STOFFER, LUCY	
STREET ADDRESS	74 ANCHOR DR	
CITY-ST-ZIP	INDIAN HBR BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, ERIN	
STREET ADDRESS	22 ANCHOR DR	
CITY-ST-ZIP	INDIAN HBR BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	R.W. STEVENS	
1.3 STREET ADDRESS	37 ANCHOR DRIVE	
1.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VPD	
2.2 NAME	JOHN CETRULO	
2.3 STREET ADDRESS	54 ANCHOR DRIVE	
2.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Lucille Stoffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-97  
Date

407-773-5884  
Daytime Phone # 0010663

CR2E037 (9/96)