

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08136

**FILED**  
**Mar 31, 2016**  
**Secretary of State**  
**CC3143692936**

**Entity Name:** ANGLERS COVE MOBILE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

944 REYNOLDS RD. LOT 142  
LAKELAND, FL 33801

**Current Mailing Address:**

944 REYNOLDS RD. LOT 142  
LAKELAND, FL 33801

**FEI Number:** 59-2428299

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MATTOX, RAY  
170 E. CENTRAL AVENUE  
WINTER HAVEN, FL 33880 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FENNELL, ROBERT G  
Address 944 REYNOLDS RD LOT 3  
City-State-Zip: LAKELAND FL 33801

Title VP  
Name WOOLSEY, WAYNE  
Address 944 REYNOLDS RD LOT 68  
City-State-Zip: LAKELAND FL 33801

Title T  
Name COUSINEAU, MARILYN A  
Address 944 REYNOLDS RD., LOT 7  
City-State-Zip: LAKELAND FL 33801

Title D  
Name MCCARTHY, JOHN  
Address 944 REYNOLDS RD LOT 32  
City-State-Zip: LAKELAND FL 33801

Title D  
Name ULANOSKY, NANCY  
Address 944 REYNOLDS RD LOT 49  
City-State-Zip: LAKELAND FL 33801

Title SECRETARY  
Name REED, DEBBIE  
Address 944 REYNOLDS RD LOT 143  
City-State-Zip: LAKELAND FL 33801

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARILYN COUSINEAU

**TREASURER**

**03/31/2016**

Electronic Signature of Signing Officer/Director Detail

Date