

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08136

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

FILED
Mar 01, 2024
Secretary of State
9688018866CC

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: No

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 TREASURER
Name HARLAN, SUSAN R
Address 944 REYNOLDS RD., LOT 11
City-State-Zip: LAKELAND FL 33801

Title PRESIDENT
Name NAYLOR, GARY
Address 944 REYNOLDS ROAD #179
City-State-Zip: LAKELAND FL 33801

Title MEMBERSHIP
Name HARLAN, RICH
Address 944 REYNOLDS ROAD LOT#11
City-State-Zip: LAKELAND FL 33801

Title HOUSE
Name HAUL, KATHY
Address 944 REYNOLDS ROAD #78
City-State-Zip: LAKELAND FL 33801

Title VP
Name SHOOK, GRANT
Address 944 REYNOLDS ROAD #42
City-State-Zip: LAKELAND FL 33801

Title SECRETARY
Name GRIMES, EVELYN
Address 944 REYNOLDS ROAD #13
City-State-Zip: LAKELAND FL 33801

Title HOUSE
Name HOUTZ, JON
Address 944 REYNOLDS ROAD #125
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: SUSAN HARLAN

TREASURER

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date