

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08136

FILED
Mar 13, 2020
Secretary of State
5146483831CC

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

Title VP
Name SABIN, ROSE
Address 944 REYNOLDS RD LOT 125
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 WOOLSEY, , WAYNE
Address 944 REYNOLDS RD LOT 68
City-State-Zip: LAKELAND FL 33801

Title D
Name CRESPOS, ALICE
Address 944 REYNOLDS RD LOT 65
City-State-Zip: LAKELAND FL 33801

Title SECRETARY
Name MOORE, CHERIE
Address 944 REYNOLDS RD LOT 157
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name LEBLANC, FRED
Address 944 REYNOLDS ROAD #80
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 A COUSINEAU

TREASURER

03/13/2020

Electronic Signature of Signing Officer/Director Detail

Date