

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08136

**FILED
Mar 25, 2017
Secretary of State
CC1304277581**

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

Title T
Name SHOOK, KIM G
Address 944 REYNOLDS RD., LOT 95
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 BLANCHET-ALAIN, LISE
Address 944 REYNOLDS RD LOT 119
City-State-Zip: LAKELAND FL 33801

Title SECRETARY
Name MOORE, CHERIE
Address 944 REYNOLDS RD LOT 157
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: KIM SHOOK

TREASURER

03/25/2017

Electronic Signature of Signing Officer/Director Detail

Date