

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37695

**FILED**  
**Jan 12, 2014**  
**Secretary of State**  
**CC7173439979**

**Entity Name:** ANCHOR VILLAGE TOWNHOMES & VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

102 ANCHOR DRIVE  
INDIAN HARBOUR BE., FL 32937

**Current Mailing Address:**

P.O. BOX 372561  
SATELLITE BEACH, FL 32937 US

**FEI Number: 65-0219927**

**Certificate of Status Desired: Yes**

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

YACOVONE, CAROL  
102 ANCHOR DR  
INDIAN HARBOUR BEACH, FL 32937 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 PD  
Name GORDON, SPINNEY  
Address 54 ANCHOR DR  
City-State-Zip: INDIAN HARBOUR BRACH FL 32937

Title VPD  
Name ZAINES, BONNIE  
Address 90 ANCHOR DR  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title SD  
Name GROSS, SHARON  
Address 107 ANCHOR DR  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title TD  
Name YACOVONE, CAROL  
Address 102 ANCHOR DR  
City-State-Zip: INDIAN HBR BCH FL

Title D  
Name TEEMS, BEVERLY  
Address 98 ANCHOR DR  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

*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: CAROL YACOVONE**

**TREASURER**

**01/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date