
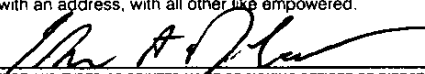


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90064 004 \*\*\*\*61.25

<b>DOCUMENT # 750594</b> 1. Entity Name <b>ANGLERS COVE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>999 ANGLERS COVE</b> <b>MARCO ISLAND, FL 34145 US</b>				Mailing Address <b>P.O. BOX 8</b> <b>MARCO ISLAND, FL 34146 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1963419</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREUSEL, JAMIE B</b> <b>CHAMBER OF COMMERCE PLAZA</b> <b>1104 NORTH COLLIER BLVD</b> <b>MARCO ISLAND, FL 34145</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"> <b>Make check payable to</b>  <b>Florida Department of State</b> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HEIMANN, GERARD</b> <b>560 CENTER DYRE AVENUE</b> <b>WEST ISLIP, NY 11795</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WALSH, PATRICIA</b> <b>30 BOENAU ST.</b> <b>ALBANY, NY 12202</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FONDA, GEORGE</b> <b>1690 ORLEANS COURT</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DICERBO, THOMAS</b> <b>59 OAKMONT STREET</b> <b>NISKAYUNA, NY 12309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BATTLE, DON</b> <b>7 JAY STREET</b> <b>EDISON, NJ 08837</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CIULLA, EUGENE</b> <b>995 ANGLERS COVE, #206</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PATRICIA WALSH</b> <b>1007 ANGLERS COVE UNIT 501</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANTHONY BRINSON</b> <b>1003 ANGLERS COVE UNIT 506</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROBERT SAYWELL</b> <b>921 PANAMA COURT UNIT C-1</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GEORGE FONDA</b> <b>1690 ORLEANS COURT</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
<div style="display: flex; justify-content: space-between;"> <span><b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b></span> <span><b>1/7/08</b></span> <span>Date</span> </div>					
<div style="display: flex; justify-content: space-between;"> <span><b>THOMAS DICERBO</b></span> <span>Daytime Phone #</span> </div>					