2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 750594

Entity Name: ANGLERS COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

999 ANGLERS COVE
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8
MARCO ISLAND, FL 34146 US

New Mailing Address:

FEI Number: 59-1963419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREUSEL, JAMIE B
CHAMBER OF COMMERCE PLAZA
1104 NORTH COLLIER BLVD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: WALSH, PATRICIA
Address: 1007 ANGELERS COVE UNIT 501
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: FONDA, GEORGE
Address: 1690 ORLEANS COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: P ( ) Delete
Name: DICERBO, THOMAS
Address: 59 OAKMONT STREET
City-St-Zip: NISKAYUNA, NY 12309

Title: VP ( ) Delete
Name: BATTLE, DON
Address: 7 JAY STREET
City-St-Zip: EDISON, NJ 08837

Title: D ( ) Delete
Name: CIULLA, EUGENE
Address: 995 ANGLERS COVE, #206
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP S (X) Change ( ) Addition
Name: WALSH, PATRICIA
Address: 1007 ANGELERS COVE UNIT 501
City-St-Zip: MARCO ISLAND, FL 34145

Title: T (X) Change ( ) Addition
Name: FONDA, GEORGE
Address: 1690 ORLEANS COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D (X) Change ( ) Addition
Name: DICERBO, THOMAS
Address: 59 OAKMONT STREET
City-St-Zip: NISKAYUNA, NY 12309

Title: P (X) Change ( ) Addition
Name: BATTLE, DON
Address: 7 JAY STREET
City-St-Zip: EDISON, NJ 08837

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M ( ) Change (X) Addition
Name: MELTON, LAURA E
Address: 1280 11 ST SW
City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAURA E. MELTON MAN 01/06/2009

Electronic Signature of Signing Officer or Director — Date