


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90019 018 \*\*\*\*61.25

**DOCUMENT # 757541**

1. Entity Name  
**ANGLERS COVE OF REDINGTON SHORES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**17450 GULF BLVD  
 REDINGTON SHORES, FL 33708-1349 US**

Mailing Address  
**17450 GULF BLVD  
 REDINGTON SHORES, FL 33708-1349 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07012005 Chg-NP CR2E037 (10/03)



4. FEI Number  
**59-2264578** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ANDREWS, L TERRI  
 2224 HENDRY RD  
 LITHIA, FL 33547**

7. Name and Address of New Registered Agent  
 Name **MARCUS PAULA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17450 GULF BLVD**  
 City **REDINGTON SHORES FL** Zip Code **33708**

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 *Marcus Paula* DATE **7-11-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	ANDREWS, J.H. 2224 HENDRY RD. LITHIA, FL 33547 <input checked="" type="checkbox"/> Delete	TITLE P	PAUL KINNEY 10726 BARDES CT LARGO, FL 33777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	GONZALEZ, FRANK 8214 SUNNYSLOPE DR TAMPA, FL 33687 <input type="checkbox"/> Delete	TITLE S	SHARON OIPPEL 3916 SANDALWOOD DR. LANO O' LAKES, FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST	WILLIAMS, ADELE 20 UPLAND WAYS GLASTONBURY, CT 06033 <input checked="" type="checkbox"/> Delete	TITLE M	TOM CLARK 3905 SAN MIGUEL ST TAMPA, FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	WESTERBECK, JANE 4768 TOWNE CENTRE RD SAINT LOUIS, MO 631282838 <input checked="" type="checkbox"/> Delete	TITLE N	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AD	MAURO, JOHN 185 HAMPTON PT. ROAD MAYFIELD, NY 12117 <input checked="" type="checkbox"/> Delete	TITLE N	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	BRAGG, RUTH 8719 TAHITI LANE TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE N	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *[Signature]* DATE **7-11-05** (727) 391-3751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #