

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90047 017 ****70.00

DOCUMENTS # 757541



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

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



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

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
MARCUS, PAULA
17450 GULF BLVD
REDINGTON SHORES FL 33708

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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** *Marcus Paula* **2-4-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

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 <input checked="" type="checkbox"/> VP <input type="checkbox"/> Delete	NAME KINNEY, PAUL STREET ADDRESS 10726 BARDES CT CITY-ST-ZIP LARGO FL 33777	TITLE <input checked="" type="checkbox"/> VP <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input checked="" type="checkbox"/> D <input type="checkbox"/> Delete	NAME GONZALEZ, FRANK STREET ADDRESS 8214 SUNNYSLOPE DR CITY-ST-ZIP TAMPA FL 33687	TITLE <input checked="" type="checkbox"/> D <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input checked="" type="checkbox"/> ST <input type="checkbox"/> Delete	NAME DIPPEL, SHARON STREET ADDRESS 3916 SANDALWOOD DR CITY-ST-ZIP LAND O LAKES FL 34639	TITLE <input type="checkbox"/> ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME CINDI FRUSTIS STREET ADDRESS 1521 WHITE TRAIL CITY-ST-ZIP ELK GROVE, IL 60007
TITLE <input checked="" type="checkbox"/> D <input type="checkbox"/> Delete	NAME CLARK, TOM STREET ADDRESS 3905 SAN MIGUEL ST CITY-ST-ZIP TAMPA FL 33629	TITLE <input type="checkbox"/> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PAT BLACKHAM STREET ADDRESS 444 KNIGHTSBRIDGE CT CITY-ST-ZIP WATERLOO, ONTARIO CA. N2T-2G5
TITLE <input checked="" type="checkbox"/> D <input type="checkbox"/> Delete	NAME BRAGG, RUTH STREET ADDRESS 8719 TAHITI LANE CITY-ST-ZIP TAMPA FL 33615	TITLE <input type="checkbox"/> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME TERAL ANDREWS STREET ADDRESS 2224 HENORY RD. CITY-ST-ZIP LITHIA, FL 33547
TITLE <input type="checkbox"/> _____ <input type="checkbox"/> Delete	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *[Signature]* **2/4/06 727-392-6366**