


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90051 001 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2264578	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARCUS, PAULA 17450 GULF BLVD REDINGTON SHORES, FL 33708				Name ANDREWS, TERRI	
				Street Address (P.O. Box Number is Not Acceptable) ANGLERS COVE ASSOCIATION	
				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 <i>TERRI ANDREWS</i>				DATE 2-28-07	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINNEY, PAUL		NAME	ANDREWS, TERRI	
STREET ADDRESS	10726 BARDES CT		STREET ADDRESS	17450 GULF BLVD, #608	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP	REDINGTON SHORES, FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, FRANK		NAME	STUBBS, LARRY	
STREET ADDRESS	8214 SUNNYSLOPE DR		STREET ADDRESS	151 STERLING LANE	
CITY-ST-ZIP	TAMPA, FL 33687		CITY-ST-ZIP	WILMETTE, IL 60091	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FROUSTIS, CINDI		NAME	CHMEL, RANDY	
STREET ADDRESS	1521 WHITE TRL		STREET ADDRESS	7051 FOSTER ROAD	
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 60007		CITY-ST-ZIP	DOWERS GROVE, IL 60516	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMAN, PAT		NAME		
STREET ADDRESS	444 KNIGHT BRIDGE CT		STREET ADDRESS		
CITY-ST-ZIP	WATERLOO ONTARIO, CA NST-2S		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGG, RUTH		NAME		
STREET ADDRESS	8719 TAHITI LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>TERRI ANDREWS</i>				DATE: 2-28-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 727-388-3597	