
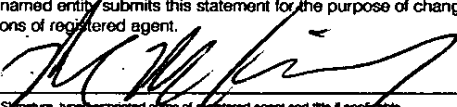
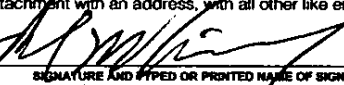


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90355 050 ****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		4. FEI Number 59-2264578	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDREWS, TERRI ANGLERS COVE ASSN. 17450 GULF BLVD. REDINGTON SHORES, FL 33708			Name PAUL M. KINNEY Street Address (P.O. Box Number is Not Acceptable) 10726 BARDES CT. City LARGO FL Zip Code 33777		
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 		Paul M. Kinney		7-20-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P		
STREET ADDRESS 10726 BARDES CT	CITY-ST-ZIP LARGO, FL 33777	NAME	SHARON OIPPEL		
TITLE <input checked="" type="checkbox"/> Delete	NAME GONZALEZ, FRANK	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP		
STREET ADDRESS 8214 SUNNYSLOPE DR	CITY-ST-ZIP TAMPA, FL 33687	NAME	36407 FRAZEE HILL RD.		
TITLE <input checked="" type="checkbox"/> Delete	NAME FROUSTIS, CINDI	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S		
STREET ADDRESS 1521 WHITE-TRL	CITY-ST-ZIP ELK GROVE VILLAGE, IL 60007	NAME	TOM CLARK		
TITLE <input checked="" type="checkbox"/> Delete	NAME BLACKMAN, PAT	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T		
STREET ADDRESS 444 KNIGHT BRIDGE CT	CITY-ST-ZIP WATERLOO ONTARIO, CA NST-2S	NAME	LARRY STUBBS		
TITLE <input checked="" type="checkbox"/> Delete	NAME BRAGG, RUTH	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D		
STREET ADDRESS 8719 TAHITI LANE	CITY-ST-ZIP TAMPA, FL 33615	NAME	ALICE HEATON		
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	R.O. BOX 2328		
STREET ADDRESS	CITY-ST-ZIP	NAME	BARBOSTOWN, KY		
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	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: 		(727) 425-0902		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	