2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757541

FILED Jan 09, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

17450 GULF BLVD

REDINGTON SHORES, FL 337081349 US

Current Mailing Address: New Mailing Address:

17450 GULF BLVD

REDINGTON SHORES, FL 337081349 US

FEI Number: 59-2264578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 KINNEY, PAULA M
 KINNEY, PAUL M

 10726 BARDES CT.
 10726 BARDES CT.

 LARGO, FL 33777 US
 LARGO, FL 33777 US

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: PAUL KINNEY 01/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: P (X) Change () Addition

 Name:
 KINNEY, PAUL
 Name:
 KINNEY, PAUL

 Address:
 10726 BARDES CT
 Address:
 10726 BARDES CT

 City-St-Zip:
 LARGO, FL 33777
 City-St-Zip:
 LARGO, FL 33777

Title: VP () Delete Title: () Change () Addition

 Name:
 DIPPEL, SAHRON
 Name:

 Address:
 36407 FRAZRE HILL RD.
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

Title: S () Delete Title: D (X) Change () Addition

 Name:
 CLARK, TOM
 Name:
 WRIGHT, ALAN

 Address:
 3905 SAN MIGUEL ST.
 Address:
 17450 GULF BLVD #404

City-St-Zip: TAMPA, FL 33629 City-St-Zip: REDINGTON SHORES, FL 33708

Title: T () Delete Title: () Change () Addition

 Name:
 STUBBS, LARRY
 Name:

 Address:
 1 PLUM HILL RD.
 Address:

 City-St-Zip:
 MANCHESTER, MA 01944
 City-St-Zip:

Title: D () Delete Title: S (X) Change () Addition

 Name:
 HEATON, ALICE
 Name:
 HEATON, ALICE

 Address:
 P.O. BOX 2328
 Address:
 P.O. BOX 2328

 City-St-Zip:
 BARDSTOWN, KY
 City-St-Zip:
 BARDSTOWN, KY

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: PAUL KINNEY P 01/09/2009