

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 019 ****70.00

DOCUMENT # 767586 1. Entity Name ANGLER'S PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 870 BALD EAGLE DR MARCO ISLAND, FL 33937			Mailing Address C/O W.D. KRAMER 1838 40TH TERRACE SW NAPLES, FL 34116 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 11925 COLLIER BLVD Suite, Apt. #, etc. #201			
City & State		City & State NAPLES, FL		4. FEI Number 65-0378898	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34116-6543		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRAMER, WILLIAM D PA 1838 40TH TERRACE SW NAPLES, FL 34116			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11925 COLLIER BLVD, #201 City NAPLES		
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.			APR 1 2 2004		
SIGNATURE <u><i>William D. Kramer</i></u> WILLIAM D. KRAMER			DATE		
Filing Fee is \$61.25 Due by May 1, 2004			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 NAME STREET ADDRESS CITY - ST - ZIP	PD GAGLIANO, ANTHONY 1359 W YORKSHIRE DR #200 STREAMWOOD, IL 60107	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GAGLIANO, CARMELA 1359 W YORKSHIRE DR #200 STREAMWOOD, IL 60107	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GAGLIANO, PETER 1359 W YORKSHIRE DR #200 STREAMWOOD, IL 60107	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 <u><i>Peter Gagliano</i></u> PETER GAGLIANO					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1/19/04 Daytime Phone # 620-213-6510					