


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90021 036 ****61.25

DOCUMENT # N00000001229	
1. Entity Name ANCLOTE INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 1827 INDUSTRIAL BLVD TARPON SPRINGS FL 34689	Mailing Address 1827 INDUSTRIAL BLVD TARPON SPRINGS FL 34689
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2. Principal Place of Business - No P.O. Box 1827 Industrial Blvd.	3. Mailing Address 1827 Industrial Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tarpon Springs, FL	City & State Tarpon Springs, FL
Zip 34688	Zip 34688
Country USA	Country USA

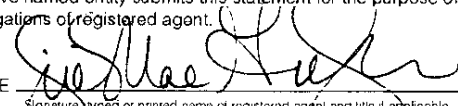


1st MOORE CR2E037 (10/06)

4. FEI Number 59-3739664	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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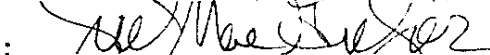
6. Name and Address of Current Registered Agent MAC GREGOR, D. TRAVIS 1827 INDUSTRIAL BLVD TARPON SPRINGS FL 34689	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named 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 	DATE 2/22/07

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASH, EDWARD P.O. BOX 430 TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAC GREGOR, D. TRAVIS 1827 INDUSTRIAL BLVD TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MAC GREGOR, JILL N 1827 INDUSTRIAL BLVD TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE 2/22/07	DAYTIME PHONE # 727-939-1922
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