

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002128

1. Entity Name
ANCHOR COVE TOWNHOMES ASSOCIATION, INC.



FILED

2007 MAR 12 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3717 W. NORTH
TAMPA, FL 33609

Mailing Address
3717 W. NORTH
TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #
4131 Gunn Highway

3. Mailing Address
4131 Gunn Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052007 REIN-NP

CR2E099 (1/07)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
~~XARWED00X~~ 90-0266015

Applied For
Not Applicable

Zip 33618

Country USA

Zip 33618

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, RANDELL M ESQ.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME J. MICHAEL MORRIS
STREET ADDRESS 3717 W. NORTH "B" STREET
CITY-ST-ZIP TAMPA, FL 33609

TITLE V ☒ Delete
NAME SEIDENBERG, DAVID G
STREET ADDRESS 3717 W. NORTH "B" STREET
CITY-ST-ZIP TAMPA, FL 33609

TITLE ST ☒ Delete
NAME ANGELILLI, ERNIE L III
STREET ADDRESS 3717 W. NORTH "B" STREET
CITY-ST-ZIP TAMPA, FL 33609

TITLE D ☒ Delete
NAME HOEKSEMA, ALAN J
STREET ADDRESS 3717 W. NORTH "B" STREET
CITY-ST-ZIP TAMPA, FL 33609

TITLE D ☒ Delete
NAME KOHAN, MARGARET A
STREET ADDRESS 3717 W. NORTH "B" STREET
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Barbara Monahan
STREET ADDRESS 123 Aberdeen Pond Dr
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE VD ☐ Change ☒ Addition
NAME Cynthia Young
STREET ADDRESS 206 Aberdeen Pond Dr
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE ST ☐ Change ☒ Addition
NAME Jeff Lilly
STREET ADDRESS 435 Mirabay BLVD
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE D ☐ Change ☒ Addition
NAME Peter Roggenbaum
STREET ADDRESS 3970 Pitt Rd
CITY-ST-ZIP Waterford, MI 48328

TITLE D ☐ Change ☒ Addition
NAME David Seidenberg
STREET ADDRESS 509 S Hyde Park Av
CITY-ST-ZIP Tampa, FL 33606

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Monahan

Date

2-8-07

Daytime Phone #

813-789-9374

31.3