2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N04000002128

Entity Name: ANCHOR COVE TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 90-0266015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIZZETTA & COMPANY
5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MONAHAN, BARBARA
Address: 123 ABERDEEN POND DR
City-St-Zip: APOLLO BEACH, FL 33572

Title: VD ( ) Delete
Name: YOUNG, CYNTHIA
Address: 206 ABERDEEN POND DR
City-St-Zip: APOLLO BEACH, FL 33572

Title: T ( ) Delete
Name: MELLOW, DOMINQUE
Address: 5421 CAFREY PLACE
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete
Name: ALLEN, CAROLYN
Address: 212 ABERDEEN POND DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete
Name: MONAHAN, RAY
Address: 123 ABERDEEN POND DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD ( ) Change (X) Addition
Name: GRIESS, ANGELA
Address: 133 ABERDEEN POND DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

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: BARBARA MONAHAN PD 04/21/2009

Electronic Signature of Signing Officer or Director — Date