

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003475

1. Entity Name
ANCHOR COVE OWNERS ASSOCIATION, INC.



Principal Place of Business
**5346 SW 91ST TERRACE
GAINESVILLE, FL 32608**

Mailing Address
**5346 SW 91ST TERRACE
GAINESVILLE, FL 32608**



01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1643258

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COFFEY, C. DAVID
5346 SW 91ST TERRACE
GAINESVILLE, FL 32608**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COFFEY, C. DAVID
STREET ADDRESS 5346 SW 91ST TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE STD
NAME KRAMER, ROBERT B
STREET ADDRESS 5346 SW 91ST TERR
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE VD
NAME FLEEMAN, JEFFREY
STREET ADDRESS 5346 SW 91ST TERR
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000515610
04/23/06 80216-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *E. David Coffey* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

3523358442

Date

Daytime Phone