



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # N04000003475 1. Entity Name ANCHOR COVE OWNERS ASSOCIATION, INC.	
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Principal Place of Business 5346 SW 91ST TERRACE GAINESVILLE, FL 32608	Mailing Address 5346 SW 91ST TERRACE GAINESVILLE, FL 32608
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DO NOT WRITE IN THIS SPACE

	
03122007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 42-1643258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COFFEY, C. DAVID 5346 SW 91ST TERRACE GAINESVILLE, FL 32608
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFEY, C. DAVID 5346 SW 91ST TERRACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRAMER, ROBERT B 5346 SW 91ST TERR GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLEEMAN, JEFFREY 5346 SW 91ST TERR GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UD00000692014 04/13/07-80033-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-3-07 Daytime Phone # (352) 335-8442

C. David Coffey, President