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Apr 13, 2007 8:00 am
Secretary of State
03-19-2007 90063 026 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001543

1. Entity Name
ANCLOTE RIVER CROSSINGS ASSOCIATION, INC.

Principal Place of Business
5223 HUNTERS RIDGE DR
NEW PORT RIDGE, FL 34655

Mailing Address
5223 HUNTERS RIDGE DR
NEW PORT RIDGE, FL 34655

01182007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3684 TAMPA RD		3684 TAMPA RD	
Suite, Apt. #, etc. 6		Suite, Apt. #, etc. 6	
City & State OLDSMAR FL		City & State OLDSMAR FL	
Zip 34677	Country USA	Zip 34684	Country USA

4. FEI Number APPLIED FOR 20-4446667 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
COOPER, LEIGH R
5223 HUNTERS RIDGE DR
NEW PORT RIDGE, FL 34655

7. Name and Address of New Registered Agent
Name GALBRAITH, CHARLA
Street Address (P.O. Box Number is Not Acceptable) C/O HERITAGE PROPERTY MGT. INC.
3684 TAMPA RD. STE 6
City OLDSMAR FL Zip Code 34677

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] 3/6/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COOPER, LEIGH R. 5223 HUNTERS RIDGE DR NEW PORT RICHEY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COOPER, DARREN J 5223 HUNTERS RIDGE DR NEW PORT RICHEY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEIGH COOPER PRES. Date Daytime Phone #