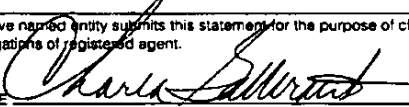
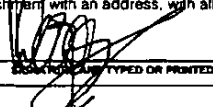


FILED
Apr 13, 2007 8:00 am
Secretary of State

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	
2. Principal Place of Business - No P.O. Box # 3684 TAMPA RD		3. Mailing Address 3684 TAMPA RD	
Suite, Apt. #, etc. 6		Suite, Apt. #, etc. 6	
City & State OLD SMAR FL		City & State OLD SMAR FL	
Zip 34677		Zip 34684	
Country USA		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 PROPER TY MGT. INC. 3684 TAMPA RD. STE 6 City: OLD SMAR 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:  DATE: 3/6/07 (NOTE: Registered Agent signature required when renewing)			
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
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 incorporator 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: 		3/15/07 Date: _____ Deponent Phone #: _____ LEIGH COOPER PRES.	