2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90200 017 ****61.25

DOCUMENT # N05000001543

1. Entity Name
ANCLOTE RIVER CROSSINGS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677	3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677

04282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 6710 EMBASSY	3. Mailing Address PO BOX 1407
Suite, Apt. #, etc. 204	Suite, Apt. #, etc.
City & State PORT RICHEY FL	City & State PORT RICHEY FL
Zip 34668 Country PASCO	Zip 34673 Country PASCO

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

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

6. Name and Address of Current Registered Agent

GALBRAITH, CHARLA
%HERITAGE PROPERTY MGT INC
3684 TAMPA RD STE 6
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name MARY ANN MYSZKOWIAK
Street Address (P.O. Box Number is Not Acceptable) 6710 EMBASSY BLVD #204
City Port Richey FL Zip Code 34668

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] DATE 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

TITLE	PT	☐ Delete
NAME	COOPER, LEIGH K	
STREET ADDRESS	5223 HUNTERS RIDGE DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VPS	☐ Delete
NAME	COOPER, DARREN J	
STREET ADDRESS	5223 HUNTERS RIDGE DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] V.P. Anclote River Crossing, Inc. 4/29/08 727-505-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #