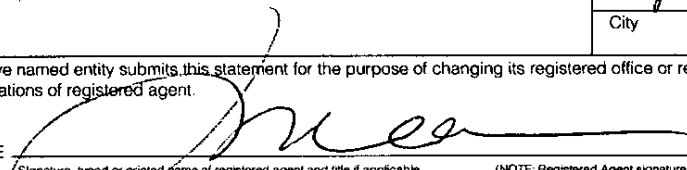
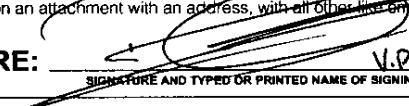


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677		Mailing Address 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677	
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		Zip 34673	
Country PASCO		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 MYSLKOWIAK Street Address: 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: 		DATE: 4/28/08	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COOPER, LEIGH K 5223 HUNTERS RIDGE DR NEW PORT RICHEY, FL 34655	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	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
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: 		V.P. ANCLOTE RIVER CROSSINGS, INC.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/29/08 Daytime Phone #: 777-505-9696	