# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 21, 2007**
**Secretary of State**

DOCUMENT# N05000004614

**Entity Name:** ANCHOR VILLAS ON LAKE MIONA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number: 59-3809006** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: TACKETT, JAMES E
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete
Name: HIGGS, ANTONIA
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

Title: VPD ( ) Delete
Name: AGNELLI, JOHN J
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

Title: TD (X) Delete
Name: LOIACANO, LISA
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: KENNEDY, STEVE
Address: 5385 NE 105TH GRV
City-St-Zip: OXFORD, FL 34484

Title: VPD (X) Change ( ) Addition
Name: MARTIN, ROBERT
Address: 942 WINIFRED WAY
City-St-Zip: VILLAGES, FL 32162

Title: SD (X) Change ( ) Addition
Name: LANG, JEFF
Address: 879 ANSLEY CT
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE KENNEDY PD 03/21/2007

Electronic Signature of Signing Officer or Director — Date