2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
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: KENNEDY, STEVE
Address: 5385 NE 105TH GRV
City-St-Zip: OXFORD, FL 34484

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: MARTEL, ROBERT
Address: 19 HEATHER LN
City-St-Zip: VERNON, CT 06066

Title: SD (X) Change ( ) Addition
Name: KENNEDY, STEVEN
Address: 5385 ADMIRAL WAY
City-St-Zip: OXFORD, FL 34484

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT MARTIN PD 03/10/2008

Electronic Signature of Signing Officer or Director — Date