

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003955

FILED
Apr 14, 2010
Secretary of State

Entity Name: ANCLOTE POINT TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2870 SCHERER DR., STE. 100
SUITE 100
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

2870 SCHERER DR., STE. 100
SUITE 100
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TSOMBANIDIS, JOSEPH A P.A.
1822 N. BELCHER RD.
SUITE 202
CLEARWATER, FL 33765 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: P
Name: BADEN, GERARD
Address: 1118 STARFISH LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP
Name: STEINGRABER, MATT
Address: 1152 FLYING FISH LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T
Name: HATTEY, JOHN
Address: 127 SPRING BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S
Name: FITZGERALD, RICK
Address: 1114 FLYING FISH LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D
Name: TSOMBANIDIS, MIKE
Address: 4925 VALLEY FIELD DR.
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: JULIAN CROSS

LCAM

04/14/2010

Electronic Signature of Signing Officer or Director

Date