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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08136 (6)

1. Corporation Name

ANGLERS COVE MOBILE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
944 REYNOLDS RD. P.O. BOX 142 LAKELAND FL 33801	944 REYNOLDS RD. P.O. BOX 142 LAKELAND FL 33801-6478

3. Date Incorporated or Qualified: 03/13/1985
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2428299 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MATTOX, RAY
170 E. CENTRAL AVENUE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STRUCK, ROBERT		1.2 NAME		
STREET ADDRESS	944 REYNOLDS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	SAME	
TITLE	VP	☐ DELETE	2.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	REICH, FRED		2.2 NAME	Asbury Jack	
STREET ADDRESS	944 REYNOLDS ROAD		2.3 STREET ADDRESS	944 Reynolds Rd	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, Fl.	
TITLE	T	☐ DELETE	3.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	ASBURY, JACK		3.2 NAME	Jewell Wilda	
STREET ADDRESS	944 REYNOLDS ROAD		3.3 STREET ADDRESS	944 Reynolds Rd	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	Lakeland, Fl.	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAZZETTA, NANCY		4.2 NAME		
STREET ADDRESS	944 REYNOLDS ROAD		4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Bramble Marion	☐ Change ☑ Addition
NAME	PLOPPERT, JAMES		5.2 NAME		
STREET ADDRESS	944 REYNOLDS ROAD		5.3 STREET ADDRESS	944 Reynolds Rd	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	Lakeland Fl.	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DYKEMAN, AL		6.2 NAME		
STREET ADDRESS	944 REYNOLDS ROAD		6.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W. Struck ROBERT W. STRUCK 2/7/97 941-666-3084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052489