

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09739

FILED  
Apr 14, 2006  
Secretary of State

**Entity Name:** ANCHOR COVE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 SUN BLVD.  
SUITE 200  
SAINT PETERSBURG, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SUN BLVD.  
SUITE 200  
SAINT PETERSBURG, FL 33715 US

**New Mailing Address:**

**FEI Number:** 59-2596451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREDA, ALBERTO  
5901 SUN BLVD.  
SUITE 200  
SAINT PETERSBURG, FL 33715 US

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

WRIGHT, DAVID  
5901 SUN BLVD.  
SUITE 200  
SAINT PETERSBURG, FL 33715 US

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: DAVID WRIGHT

04/14/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HOFFMAN, AL  
Address: 5012 WEST LEMOM  
City-St-Zip: TAMPA, FL 33607

Title: DS ( ) Delete  
Name: BRAVO, ELDRIDGE  
Address: 5012 WEST LEMOM  
City-St-Zip: TAMPA, FL 33607

Title: DT ( ) Delete  
Name: FORLONG, DAN  
Address: 5012 WEST LEMOM  
City-St-Zip: TAMPA, FL 33607

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

Title: PD (X) Change ( ) Addition  
Name: MAIETTA, JOSEPH  
Address: 404 MADEIRA CIRCLE,#404  
City-St-Zip: TIERRA VERDE, FL 33715

Title: D (X) Change ( ) Addition  
Name: HANSER, JOHN  
Address: 330 MADEIRA CIRCLE, #330  
City-St-Zip: TIERRA VERDE, FL 33715

Title: D (X) Change ( ) Addition  
Name: JOHNSON, RALPH  
Address: 363 PINELLAS BAYWAY S, #41  
City-St-Zip: SAINT PETERSBURG, FL 33715

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: DAVID WRIGHT

MGR

04/14/2006

Electronic Signature of Signing Officer or Director

Date