

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09739

FILED
Mar 17, 2009
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:

RESOURCE PROPERTY MGMT.
5901 SUN BLVD.
SUITE 200
SAINT PETERSBURG, FL 33715 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: MAIETTA, JOSEPH
Address: 404 MADEIRA CIRCLE, #404
City-St-Zip: TIERRA VERDE, FL 33715

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

Title: D () Delete
Name: PENTEK, GREG
Address: 363 PINELLAS BAYWAY #48
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CAROL SHIER

LCAM

03/17/2009

Electronic Signature of Signing Officer or Director

Date