



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|--|---------------------|---------------------------------|--|--|---|--|--|
| DOCUMENT # N14788 | | | |  | | FILED 07 APR 13 AM 8:46 STATE OF FLORIDA TALLAHASSEE, FLORIDA | |
| 1. Entity Name ANGLERS GREEN HOMEOWNERS ASSOCIATION INC. | | | | | | | |
| Principal Place of Business PO BOX 10 A LAKEVIEW DR. MULBERRY, FL 33860 US | | | Mailing Address 201 N. CHURCH AVENUE MULBERRY, FL 33860 US | | |  | |
| 2. Principal Place of Business - No P.O. Box # 372 Crestwood Dr | | 3. Mailing Address | | 02052007 Chg-NP CR2E037 (12/06) | | | |
| Suite, Apt. #, etc. Mulberry | | Suite, Apt. #, etc. | | 4. FEI Number 59-2930030 | | | |
| City & State Florida | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | |
| Zip 33860 | | Country Polk | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| CHEATWOOD, GAIL ESQ 201 N. CHURCH AVENUE MULBERRY, FL 33860 | | | | 255 Kentucky Ave No. 201 Suite 201 Lakeland, FL 33801 | | | |
| Name | | | | Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | | City | | | |
| State | | | | State | | | |
| Zip Code | | | | Zip Code | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE <u>Gail Cheatwood</u> DATE <u>4-6-07</u> | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHASE, RICHARD | | | NAME | 700096300407 | | |
| STREET ADDRESS | 372 CRESTWOOD DR | | | STREET ADDRESS | 04/10/07--01011--013 **70.00 | | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | | | CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MCCOY, ELEANOR | | | NAME | | | |
| STREET ADDRESS | 193 PALM DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | | | CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PHILLIPS, CHRISTINE | | | NAME | R34/13 | | |
| STREET ADDRESS | 152 THREE IRON DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | | | CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RICHARD, FRAN | | | NAME | | | |
| STREET ADDRESS | 19 LAKEVIEW DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WHITE, RICHARD | | | NAME | | | |
| STREET ADDRESS | 249 FIVE IRON DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u>Richard A. Chase</u> | | | | DATE: <u>4/01/07</u> | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | DATE | | | |