


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14788 1. Entity Name ANGLERS GREEN HOMEOWNERS ASSOCIATION INC.						FILED 07 APR 13 AM 8:46 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
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 Suite, Apt. #, etc. Mulberry		02052007 Chg-NP CR2E037 (12/06)			
City & State Florida		City & State Florida		4. FEI Number 59-2930030		Applied For <input type="checkbox"/> Not Applicable	
Zip 33860		Country Polk		Zip 33860		Country Polk	
6. Name and Address of Current Registered Agent CHEATWOOD, GAIL ESQ 201 N. CHURCH AVENUE MULBERRY, FL 33860				7. Name and Address of New Registered Agent Name 255 Kentucky Ave No. 201 Lakeland, FL 33801			
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> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, RICHARD <input type="checkbox"/> Delete 372 CRESTWOOD DR MULBERRY, FL 33860			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700096300407 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/10/07--01011--013 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCOY, ELEANOR <input type="checkbox"/> Delete 193 PALM DR MULBERRY, FL 33860			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, CHRISTINE <input type="checkbox"/> Delete 152 THREE IRON DR MULBERRY, FL 33860			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>03/13</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD, FRAN <input type="checkbox"/> Delete 19 LAKEVIEW DR MULBERRY, FL 33860			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, RICHARD <input type="checkbox"/> Delete 249 FIVE IRON DR MULBERRY, FL 33860			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/01/07</u> Daytime Phone #			