FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:09

DOCUMENT # N18254 (5)

1. Corporation Name
ANGLERS CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DAVID C. HARDIN 500 E BROWARD BV STE 1950 FORT LAUDERDALE FL 33394	% DAVID C. HARDIN 500 E BROWARD BV STE 1950 FORT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1986
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0055765 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HARDIN, DAVID C.
500 E BROWARD BLVD #1950
FORT LAUDERDALE FL 33394

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, RUSSELL	1.2 NAME	
STREET ADDRESS	3 MARKET SQUARE CRT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 60045	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☑ Change ☐ Addition
NAME	KAISER, JOHN	2.2 NAME	ARTHUR RUFFING
STREET ADDRESS	B-1 OCEAN REEF DR A-202	2.3 STREET ADDRESS	6 NORTH GATE RD
CITY-ST-ZIP	N.KEY LARGO FL	2.4 CITY-ST-ZIP	MENDHAM, NJ 07945
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	TODD, WINSHIP	3.2 NAME	
STREET ADDRESS	9960 W GULL LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHLAND MI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, JOAN	4.2 NAME	
STREET ADDRESS	37 MILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARWICH PORT MA 02646	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	EVERHART, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	50 CLUBHOUSE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. KEY LARGO FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, KENNETH	6.2 NAME	
STREET ADDRESS	50 CLUBHOUSE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. KEY LARGO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kenneth B. White IV 2/3/95
NAME AND TITLE OF PERSON SIGNING (TYPE OR PRINT) — Date — Daytime Phone #

0047600