FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

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

3. Date Incorporated or Qualified: 12/15/1986
3a. Date of Last Report: 02/13/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ☐ DELETE	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 ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	RUFFING, ARTHUR	2.2 NAME
STREET ADDRESS	6 NORTH GATE RD	2.3 STREET ADDRESS
CITY-ST-ZIP	MENDHAM NJ	2.4 CITY-ST-ZIP
TITLE	PD ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	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)(k), 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: [signature] Carol Meyer 1/26/96 305-367-2181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)