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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33394-3079

3. Date Incorporated or Qualified: 12/15/1986
3a. Date of Last Report: 01/31/1996

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

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 _____ 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	☐ 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	DIRECTOR	☐ Change ☒ Addition
NAME	ALLEN, JOAN		4.2 NAME	MARY Babcock	
STREET ADDRESS	37 MILL RD.		4.3 STREET ADDRESS	6805 Riviera DR.	
CITY-ST-ZIP	HARWICH PORT MA 02646		4.4 CITY-ST-ZIP	Coral Gables FL 33146	
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	DIRECTOR	☐ Change ☒ Addition
NAME	WHITE, KENNETH		6.2 NAME	GLEN Hunt Pickl	
STREET ADDRESS	50 CLUBHOUSE ROAD		6.3 STREET ADDRESS	50 Clubhouse Rd	
CITY-ST-ZIP	N. KEY LARGO FL		6.4 CITY-ST-ZIP	Key Largo FL 33037	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Winship A. Todd WINSHIP A. TODD Director 4/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037970