

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18254

1. Entity Name

ANGLERS CLUB HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90045 011 ****61.25

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 33394-3004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0055765

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ROHRBACH, NANCY
STREET ADDRESS 50 CLUBHOUSE RD
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME RUFFING, ARTHUR
STREET ADDRESS 6 NORTH GATE RD
CITY-ST-ZIP MENDHAM NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME TODD, WINSHIP
STREET ADDRESS 9960 W GULL LAKE DR
CITY-ST-ZIP RICHLAND MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BABCOCK, MARY
STREET ADDRESS 68051 RIVERVIEW DR.
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME EVERHART, CHRISTOPHER
STREET ADDRESS 50 CLUBHOUSE ROAD
CITY-ST-ZIP N. KEY LARGO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HATFIELD, GLEN
STREET ADDRESS 50 CLUBHOUSE RD.
CITY-ST-ZIP KEY LARGO FL

TITLE ☐ Change ☒ Addition
NAME Russell Fisher
STREET ADDRESS 50 Clubhouse Rd
CITY-ST-ZIP Key Largo Fla 33037

12. I 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

Date

305-367-2382

Daytime Phone #

CR2E037 (9/99)