

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N18254

1. Entity Name
ANGLERS CLUB HOMEOWNERS ASSOCIATION, INC.



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

Mailing Address
**% DAVID C. HARDIN
500 E BROWARD BV STE 1950
FORT LAUDERDALE, FL 33394**



DO NOT WRITE IN THIS SPACE

01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0055765

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE OLAZARRA, ALLEN
20 ISLAND DR
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RUFFING, ARTHUR
48 VILLA COURT DR
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KISSEL, FRANK
57 VILLA COURT DR
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BABCOCK, MARY
23950 SW 147 AVE
HOMESTEAD, FL 33032**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FISHER, RUSSELL
50 CLUBHOUSE RD.
KEY LARGO, FL 33037**

000000366922
05/16/05-80011-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Everhart

Date

4/27/05

Daytime Phone #

305-367-2382