2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # N18254 1. Entity Name ANGLERS CLUB HOMEOWNERS ASSOCIATION, INC.				04	-24-2006 90	417 005 ****61.2	25
% DAVID C. HARDIN % D 500 E BROWARD BV STE 1950 500		* - *					
2. Principal Place of Business 3. Ma		3. Mailing Address	ailing Address				
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037 (11/05)	
City & State		City & State	City & State		5	\ 	plied For Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Addi	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Re	gistered Agent	
			Name	Name			
HARDIN, DAVID C. 500 E BROWARD BLVD #1950			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE, FL 33394							
			City			FL Zip Code	;
	named entity submits this statement for ions of registered agent. Stgnature, typed or printed name of registered agent		egistered office or re		the State of Flori	da. I am familiar with, a	and accept
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DI	RECTORS	11.		ES TO OFFICERS	S AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE OLAZARRA, ALLEN 20 ISLAND DR KEY LARGO, FL 33037	™ Delete	NAME STREET ADDRESS	lebent Gaiffin 13 monormy F View Turlcut, 1	10 A Q	☐ Change	■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUFFING, ARTHUR 48 VILLA COURT DR KEY LARGO, FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISSEL, FRANK 57 VILLA COURT DR KEY LARGO, FL 33037	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BABCOCK, MARY 23950 SW 147 AVE HOMESTEAD, FL 33032	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS	BABCOCK, MARY 23950 SW 147 AVE	□ Delete □ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MARCY DOWN OL GANY STA West wood, A	e +	Change	Addition Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is prepand 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 of trusted 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

367-2372