

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90117 047 \*\*\*\*61.25

**DOCUMENT # N27346**

1. Entity Name  
**ANGLERS KEY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2639 WEST GULF DR  
SANIBEL, FL 33957 US**

Mailing Address  
**PO BOX 100  
SANIBEL, FL 33957**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0102589**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MACKESY, STEVEN  
711 TARPON BAY RD.  
SANIBEL, FL 33957**

**7. Name and Address of New Registered Agent**

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. 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, 2008**

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 DIRECTORS**

TITLE PD ☐ Delete  
NAME UTLEY, JOHN  
STREET ADDRESS 1220 VAUGHAN ROAD  
CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304

TITLE STD ☐ Delete  
NAME MACKESY, STEVEN  
STREET ADDRESS P.O. BOX 100  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE VD ☐ Delete  
NAME MILLER, KATHY  
STREET ADDRESS 10691 WINTERWOOD  
CITY-ST-ZIP CARMEL, IN 43032

TITLE VD ☐ Delete  
NAME BOUDEMAN, SHERWOOD  
STREET ADDRESS 10192 DOUBLEDAY  
CITY-ST-ZIP RICHLAND, MI 49083

TITLE VD ☐ Delete  
NAME OSHER, SUZI  
STREET ADDRESS 265 SEASIDE AVE  
CITY-ST-ZIP SACO, ME 04072

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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

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 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

Date

Daytime Phone #

3/28/08 2394725020