

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90004 019 ****61.25

DOCUMENT # N31779

1. Entity Name
**DROP ANCHOR MOBILE HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**414 PAPAYA STREET
P.O. BOX 308
GOODLAND, FL 34140**

Mailing Address

**414 PAPAYA STREET
P.O. BOX 308
GOODLAND, FL 34140**

40023336



01032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0170480

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GORDON, SCOTT
TANDEM CENTER SUITE 199
333 S. TAMiami TRAIL
VENICE, FL 34285**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HIGUERA, MIKE
STREET ADDRESS PO BOX 27
CITY-ST-ZIP CHITTENDEN, VT 05737

TITLE S
NAME HIGUERA, SARAH-JANE
STREET ADDRESS PO BOX 27
CITY-ST-ZIP CHITTENDEN, VT 05737

TITLE D
NAME CONWAY, PAT
STREET ADDRESS PO BOX 504
CITY-ST-ZIP GOODLAND, FL 34140

TITLE D
NAME GRAMM, MARY
STREET ADDRESS PO BOX 43
CITY-ST-ZIP LEO, IN 46765

TITLE D
NAME STEVENS, STEVE
STREET ADDRESS 75 PARK AVE
CITY-ST-ZIP CENTERVILLE, MA 02632

TITLE T
NAME KANE, WALTER
STREET ADDRESS P.O. BOX 13
CITY-ST-ZIP GOODLAND, FL 34140

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IN THIS SPACE**

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: Sarah-Jane Higuera **SARAH-JANE HIGUERA** 2-19-07 239 642 7855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #