

**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**

90020306



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0170480	Applied For Not Applicable
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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**

**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, 2007**

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	PD HIGUERA, MIKE PO BOX 27 CHITTENDEN, VT 05737
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGUERA, SARAH-JANE PO BOX 27 CHITTENDEN, VT 05737
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, PAT PO BOX 504 GOODLAND, FL 34140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMM, MARY PO BOX 43 LEO, IN 46765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, STEVE 75 PARK AVE CENTERVILLE, MA 02632
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KANE, WALTER P.O. BOX 13 GOODLAND, FL 34140
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**DO NOT WRITE
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07 239 642 7855

Date

Daytime Phone #