2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31779

FILED Feb 17, 2009 Secretary of State

Entity Name: DROP ANCHOR MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

414 PAPAYA STREET PO BOX 308

P.O. BOX 308 GOODLAND, FL 34140 GOODLAND, FL 34140

FEI Number: 65-0170480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WM KORP ABLE/BAND 240 S. PINE APPLE AVE SARASOTA, FL 34236

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete PD PD (X) Change () Addition

HIGUERA, MIKE HIGUERA, MIKE Name: Name: **PO BOX 27** Address: PO BOX 838 Address:

City-St-Zip: CHITTENDEN, VT 05737 City-St-Zip: GOODLAND, FL 34140

Title: Title: (X) Change () Addition () Delete

HIGUERA, SARAH-JANE Name: HIGUERA, SARAH-JANE Name:

Address: PO BOX 27 Address: PO BOX 838 City-St-Zip:

CHITTENDEN, VT 05737 City-St-Zip: GOODLAND, FL 34140

Title: () Delete Title: () Change () Addition

MYHR, BESSIE Name: Name: Address: PO BOX 505 Address: City-St-Zip: GOODLAND, FL 34140 City-St-Zip:

(X) Change () Addition Title: () Delete Title:

Name: GRAMM, MARY Name: MILLONIG, PAUL PO BOX 43 Address: Address: PO BOX 504 City-St-Zip: LEO, IN 46765 City-St-Zip: GOODLAND, FL 34140

Title: () Delete Title: (X) Change () Addition

STEVENS, STEVE STEVENS, STEVE Name: Name: 75 PARK AVE Address: Address: PO BOX 386

City-St-Zip: CENTERVILLE, MA 02632 City-St-Zip: GOODLAND, FL 34140

Title: () Delete Title: () Change () Addition

GRILL. DENNIS Name: Name: Address: PO BOX 241 Address: GOODLAND, FL 34140 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH-JANE HIGUERA SEC 02/17/2009