2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N46216

Entity Name: DROP ANCHOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1370 NW BRITT RD
LOT 13
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1370 NW BRITT RD
LOT 13
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-0300045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORSMO, ALLAN
1370 N.W. BRITT RD.
LOT 13
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MORLAN, JAMES
Address: 1370 N.W. BRITT RD., #4
City-St-Zip: STUART, FL 34994

Title: STD ( ) Delete
Name: KORSMO, ALLAN
Address: 1370 NW BRITT RD. LOT #13
City-St-Zip: STUART, FL 34994

Title: VD1 ( ) Delete
Name: MANSOUR, JERRY
Address: 1370 NW BRITT RD #1
City-St-Zip: STUART, FL 34994

Title: VD2 ( ) Delete
Name: RAMOS, SHELLY
Address: 1370 N.W. BRITT RD., #6
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: TOMASKO, PAM
Address: 1370 NW BRITT RD LOT #8
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD1 (X) Change ( ) Addition
Name: RAMOS, SHELLY
Address: 1370 NW BRITT RD #6
City-St-Zip: STUART, FL 34994

Title: VD2 (X) Change ( ) Addition
Name: TOMASKO, PAM
Address: 1370 N.W. BRITT RD., #8
City-St-Zip: STUART, FL 34994

Title: D (X) Change ( ) Addition
Name: MORLAN, ARON
Address: 1370 NW BRITT RD LOT #4
City-St-Zip: STUART, FL 34994

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: ALLAN KORSMO STD 02/18/2009

Electronic Signature of Signing Officer or Director — Date