

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005893

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: ANSLEY WELL USERS ASSOCIATION, INC.

**Current Principal Place of Business:**

17500 SPRING VALLEY RD.  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

17500 SPRING VALLEY RD.  
DADE CITY, FL 33523

**New Mailing Address:**

FEI Number: 59-3306441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRUZ, MICHAEL  
17500 SPRING VALLEY RD.  
DADE CITY, FL 33523 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: D ( ) Delete  
Name: CRUZ, MICHAEL  
Address: 17500 SPRING VALLEY RD.  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: CRUZ, CAROL A  
Address: 17500 SPRING VALLEY RD.  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: WOOD, JOE  
Address: 17500 SPRING VALLEY RD.  
City-St-Zip: DADE CITY, FL 33523

Title: T ( ) Delete  
Name: WOOD, DOT  
Address: 17500 SPRING VALLEY RD.  
City-St-Zip: DADE CITY, FL 33523

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL CRUZ

D

04/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date