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

SIGNATURE:

## Apr 02, 2007 8:00 am Secretary of State **DOCUMENT # N95000005326** 04-02-2007 90086 023 \*\*\*\*61.25 Entity Name ANCLOTE ISLES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 1165 MARINA DRIVE 1165 MARINA DRIVE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03232007 Cho-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3369186 Applied For Not Applicable Zlp Country Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Dubuc KROL, NOELLE Street Address (P.O. Box Number is Not Acceptable) 1165 MARINA DR TARPON SPRINGS, FL 34689 1165 MARINA DRIVE SPRINGS ARPON FL 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITS F ☐ Delete TITLE ☐ Change ☐ Addition UNDERWOOD, DIANE NAME NAME STREET ADORESS 1165 MARINA DR STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NP ☐ Change mike Ferrett DUBUC, DANA NAME NAME TAPPON SPRINGS FL 3468 STREET ADDRESS 1165 MARINA DR. STREET ADDRESS TARPON SPRINGS, FL 34689 CETY-ST-7P CITY.ST. 7P TITLE TITLE Delete DANA DUBUC NAME KROL, NOELLE NAME 1165 MARINA PRIVE STREET ADDRESS 1165 MARINA DRIVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITL F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 any address, with all other like engrowered.

DANK A. DUBUC 3/30