


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM  
Secretary of State

DOCUMENT # N96000001141 1. Entity Name ANB MOBILE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 3660 STATE ROAD 580 WEST OLDSMAR, FL 34677	Mailing Address 3660 STATE ROAD 580 WEST OLDSMAR, FL 34677
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**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3363086	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> 4	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, RAY  
3660 STATE ROAD 580 WEST, #35  
OLDSMAR, FL 34677

**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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees 04/29/06-80030-010 70.00^M	U00000510985^M
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAINVILLE, GERALD 3660 STATE ROAD 580, LOT 2 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURRAY, DON 3660 STATE ROAD 580, LOT 29 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, MARILYN 3660 STATE ROAD 580, LOT 37 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEVITO, THOMAS 3660 STATE ROAD 580, 25 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLENBECKER, FLOYD 3660 STATE ROAD 580 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Marlyn E. Jackson Marlyn E. Jackson 4-10-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #