2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001141

City-St-Zip:

OLDSMAR, FL 34677

Entity Name: ANB MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3660 STATE ROAD 580 WEST OLDSMAR, FL 34677				29081 US HWY 19 NORTH 255 CLEARWATER, FL 33761			
Current Mailing Address:				New Mailing Address:			
3660 STATE ROAD 580 WEST OLDSMAR, FL 34677				P.O. BOX 104 SAFETY HARBOR, FL 34695			
FEI Number:	59-3363086	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BROOKS, RAY 3660 STATE ROAD 580 WEST, #35 OLDSMAR, FL 34677 US				BROOKS, RAY 29081 US HWY 19-N 255 CLEARWATER, FL 33761 US			
	named entity s of Florida.	ubmits this statement for the pu	ırpose of	changing it	s registered	office or registered agent, or both,	
SIGNATURE:						04/05/2007	
	Electroni	c Signature of Registered Agen	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () RAINVILLE, GEF 3660 STATE RO OLDSMAR, FL	AD 580, LOT 2		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MURRAY, DON 3660 STATE RO OLDSMAR, FL			Title: Name: Address: City-St-Zip:	JACKSON, AR	ROAD 580, LOT 29	
Title: Name: Address: City-St-Zip:	STD () JACKSON, MAR 3660 STATE RO OLDSMAR, FL	AD 580, LOT 37		Title: Name: Address: City-St-Zip:	JACKSON, MA	ROAD 580, LOT 37	
Title: Name: Address: City-St-Zip:	VD () DEVITO, THOMA 3660 STATE RO OLDSMAR, FL	AD 580, 25		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (X) ELLENBECKER 3660 STATE RO			Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARLYN JACKSON STD 04/05/2007