2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N96000001141

Entity Name: ANB MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

29081 US HWY 19 NORTH
255
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 104
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3363086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, RAY
29081 US HWY 19-N
255
CLEARWATER, FL 33761 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: PD ( ) Delete
Name: BROOKS, RAY
Address: 29081 US HWY 19 N. #255
City-St-Zip: CLEARWATER, FL 33761

Title: VD ( ) Delete
Name: JACKSON, ARTHUR
Address: 3660 STATE ROAD 580, LOT 29
City-St-Zip: OLDSMAR, FL 34677

Title: STD ( ) Delete
Name: JACKSON, MARLYN
Address: 3660 STATE ROAD 580, LOT 37
City-St-Zip: OLDSMAR, FL 34677

Title: VD ( ) Delete
Name: DEVITO, THOMAS
Address: 3660 STATE ROAD 580, 25
City-St-Zip: OLDSMAR, FL 34677

Title: VD ( ) Delete
Name: RAINVILLE, GERALD
Address: 3660 STATE RD. 580 LOT 2
City-St-Zip: OLDSMAR, FL 34677

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:

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

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: RAY BROOKS PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date