2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006
Secretary of State

DOCUMENT# N98000001686

Entity Name: ANGLERS' WHARF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

800-840 PINELLS BAYWAY S.
TIERRA VERDE, FL 33715

New Principal Place of Business:

Current Mailing Address:

800-840 PINELLS BAYWAY S.
TIERRA VERDE, FL 33715

New Mailing Address:

FEI Number: 59-3506359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANSHAW, LYNN E
7480 HOBSON ST. N.E.
ST.PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

HALL, DON
28050 US HIGHWAY 19 NORTH
#402
CLEARWATER, FL 33761 US

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: DON HALL 07/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RUHNKE, JERRY
Address: 820 PINELLAS BAYWAY 5
City-St-Zip: TIERRA VERDE, FL 33715

Title: SD ( ) Delete
Name: THOMAS, SANDRA
Address: 800 PINELLAS BAYWAYS S
City-St-Zip: TIERRA VERDE, FL 33715

Title: TD ( ) Delete
Name: MCNALLY, BONNIE J
Address: 830 PINELLAS BAYWAY S.
City-St-Zip: TIERRA VERDE, FL 33715

Title: VPD ( ) Delete
Name: KATZ, BARBARA
Address: 840 PINELLAS BAYVIEW S
City-St-Zip: TIERRA VERDO, FL 33715

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: VPD (X) Change ( ) Addition
Name: KATZ, BARBARA
Address: 840 PINELLAS BAYVIEW S
City-St-Zip: TIERRA VERDE, FL 33715

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: BONNIE J. MCNALLY TD 07/27/2006
Electronic Signature of Signing Officer or Director Date