

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000001686

1. Entity Name
ANGLERS' WHARF HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**800-840 PINELLS BAYWAY S.
TIERRA VERDE, FL 33715**

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



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3506359	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUHNKE, JERRY
STREET ADDRESS	820 PINELLAS BAYWAY S
CITY-ST-ZIP	TIERRA VERDE, FL 33715

TITLE	SD
NAME	THOMAS, SANDRA
STREET ADDRESS	800 PINELLAS BAYWAYS S
CITY-ST-ZIP	TIERRA VERDE, FL 33715

TITLE	TD
NAME	MCNALLY, BONNIE J
STREET ADDRESS	830 PINELLAS BAYWAY S.
CITY-ST-ZIP	TIERRA VERDE, FL 33715

TITLE	VPD
NAME	KATZ, BARBARA
STREET ADDRESS	840 PINELLAS BAYVIEW S
CITY-ST-ZIP	TIERRA VERDE, FL 33715

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: Bonnie McNally
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.8.07
Date

727.867.5680
Daytime Phone #