

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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**



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3506359

Applied For
Not Applicable

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 _____

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, 2008**

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 5
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

000000784796
01/16/08-80069-010 70.00

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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 J. McNally **Bonnie J. McNally**

1.10.08

727.455.2536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #