

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001686

FILED  
Jan 09, 2009  
Secretary of State

**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 (X)**

**Name and Address of Current Registered Agent:**

HALL, DON  
28050 US HIGHWAY 19 NORTH  
#402  
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: 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 VERDE, 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: ( ) 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: BONNIE J. MCNALLY

TD

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date