

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729543** (9)
1. Corporation Name
THE ANCHORAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **6415 MIDNIGHT PASS ROAD SARASOTA FL 34242**
Mailing Address: **6415 MIDNIGHT PASS ROAD SARASOTA FL 34242**

3. Date Incorporated or Qualified: **05/03/1974**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-1714008**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **MOORE, ROBERT L. 227 NOKOMIS AVE. S. VENICE FL 34285**
10. Name and Address of New Registered Agent: **BECKER & POLIAKOFF, P.A. 630 S. ORANGE AVENUE SARASOTA FL 34236**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: CHAD M. MOORE **Attorney/Agent** DATE: **4/17/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RUHNKE, ELMER		1.2 NAME: RUHNKE, ELMER	
STREET ADDRESS: 6415 MIDNIGHT PASS RD., #306		1.3 STREET ADDRESS: 6415 MIDNIGHT PASS RD. #306	
CITY-ST-ZIP: SARASOTA FL		1.4 CITY-ST-ZIP: SARASOTA, FL 34242	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DARONE, JEAN		2.2 NAME: ANNE SHERWOOD	
STREET ADDRESS: 6415 MIDNIGHT PASS RD		2.3 STREET ADDRESS: 6415 MIDNIGHT PASS RD. #206	
CITY-ST-ZIP: SARASOTA FL		2.4 CITY-ST-ZIP: SARASOTA, FL 34242	
TITLE: T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LUCKE, EILEEN		3.2 NAME: ED YOUNG	
STREET ADDRESS: 6415 MIDNIGHT PASS RD #309		3.3 STREET ADDRESS: 6415 MIDNIGHT PASS RD. #508	
CITY-ST-ZIP: SARASOTA FL		3.4 CITY-ST-ZIP: SARASOTA, FL 34242	
TITLE: S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HANSHAW, THOMAS		4.2 NAME: TED TOKARSKI	
STREET ADDRESS: 6415 MIDNIGHT PASS ROAD, #808		4.3 STREET ADDRESS: 6415 MIDNIGHT PASS RD. #910	
CITY-ST-ZIP: SARASOTA FL		4.4 CITY-ST-ZIP: SARASOTA, FL 34242	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DEERY, ROGER		5.2 NAME: ROGER DEERY	
STREET ADDRESS: 6415 MIDNIGHT PASS RD., #208		5.3 STREET ADDRESS: 6415 MIDNIGHT PASS RD. #208	
CITY-ST-ZIP: SARASOTA, FL 00000		5.4 CITY-ST-ZIP: SARASOTA, FL 34242	
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GORDON, JANE		6.2 NAME: MIKE NESTOR	
STREET ADDRESS: 6415 MIDNIGHT PASS RD #908		6.3 STREET ADDRESS: 6415 MIDNIGHT PASS RD. #809	
CITY-ST-ZIP: SARASOTA FL		6.4 CITY-ST-ZIP: SARASOTA, FL 34242	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anne Sherwood DATE: **4-17-96** (94) 349-4030

CR2E037 (12/95)