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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
6415 MIDNIGHT PASS ROAD SARASOTA FL 34242
6415 MIDNIGHT PASS ROAD SARASOTA FL 34242-3415

3. Date Incorporated or Qualified 05/03/1974
3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1714008 Applied For Not Applicable
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
630 S ORANGE AVE
SARASOTA FL 34236

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: 1. D RUHNKE, ELMER, 6415 MIDNIGHT PASS RD., #306, SARASOTA FL; 2. DVP SHERWOOD, ANNE, 6415 MIDNIGHT PASS RD, #208, SARASOTA FL; 3. DT YOUNG, ED, 6415 MIDNIGHT PASS RD, #508, SARASOTA FL; 4. DS TOKARSKI, TED, 6415 MIDNIGHT PASS RD, #910, SARASOTA FL; 5. DP DEERY, ROGER, 6415 MIDNIGHT PASS RD, #208, SARASOTA, FL 00000; 6. D NESTOR, MIKE, 6415 MIDNIGHT PASS RD, #809, SARASOTA FL. Each row has a 'DELETE' checkbox.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include: 1. D/T HELEN KOTAL, 6415 MIDNIGHT PASS RD #305, SARASOTA, FL 34242; 2. D/VP ANGELO AMICO, 6415 MIDNIGHT PASS RD #509, SARASOTA, FL 34242; 3. D/ ROBERT ZAHN, 6415 MIDNIGHT PASS RD #603, SARASOTA, FL 34242; 4. D/S VIRGINIA BEST, 6415 MIDNIGHT PASS RD #811, SARASOTA, FL 34242; 5. D/P THOMAS HANSHAW, 6415 MIDNIGHT PASS RD #808, SARASOTA, FL 34242; 6. D/ MARGARET DUNN, 6415 MIDNIGHT PASS RD #702, SARASOTA FL 34242. Each row has 'Change' and 'Addition' checkboxes.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Virginia Best VIRGINIA BEST, SEC. 1/15/97 941-349-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063695

CR2E037 (9/96)