


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
05/03/1974

4. FEI Number 59-1714008	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, P.A.
630 S ORANGE AVE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KOTAL, HELEN	
STREET ADDRESS	6415 MIDNIGHT PASS RD #305	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT, ZAHN	
STREET ADDRESS	6415 MIDNIGHT PASS RD #603	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	AMICO, ANGELA ANGELD	
STREET ADDRESS	6415 MIDNIGHT PASS RD #509	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	TOKARSKI, TED	
STREET ADDRESS	6415 MIDNIGHT PASS RD, #910	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HANSHAW, THOMAS	
STREET ADDRESS	6415 MIDNIGHT PASS RD, #208	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	DUNN, MARGARET	
STREET ADDRESS	6415 MIDNIGHT PASS RD, #809	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE OBERGE	
1.3 STREET ADDRESS	6415 MIDNIGHT PASS	
1.4 CITY-ST-ZIP	SARASOTA, FL 34242	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VIRGINIA BEST	
2.3 STREET ADDRESS	6415 MIDNIGHT PASS	
2.4 CITY-ST-ZIP	SARASOTA, FL 34242	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EDWARD BOLTON	
3.3 STREET ADDRESS	6415 MIDNIGHT PASS	
3.4 CITY-ST-ZIP	SARASOTA, FL 34242	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MATT ROTKOVITCH	
4.3 STREET ADDRESS	6415 MIDNIGHT PASS	
4.4 CITY-ST-ZIP	SARASOTA, FL 34242	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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* President *Jan. 29, 1998*

CFR2E037 (10/97)