

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90104 002 ****61.25

0068176

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 729543

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
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/03/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1714008
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LOBECK, DANIEL J ESQ. THE LAW OFFICES OF LOBECK & HANSON, P.A. 2033 MAIN ST., SUITE 301 SARASOTA FL 34237	10. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME OBERLE, GEORGE	1.1 TITLE D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6415 MIDNIGHT PASS	CITY-ST-ZIP SARASOTA FL 34242	1.2 NAME	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE DP <input type="checkbox"/> DELETE	NAME BEST, VIRGINA	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6415 MIDNIGHT PASS	CITY-ST-ZIP SARASOTA FL 34242	2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME BOLTON, EDWARD	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6415 MIDNIGHT PASS RD #509	CITY-ST-ZIP SARASOTA FL 34242	3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	6415 Midnight Pass Rd #301
TITLE D <input type="checkbox"/> DELETE	NAME ROTRIVITCH, MATT	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6415 MIDNIGHT PASS RD, #910	CITY-ST-ZIP SARASOTA FL 34242	4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	6415 Midnight Pass Rd #601
TITLE DT <input checked="" type="checkbox"/> DELETE	NAME HANSHAW, THOMAS	5.1 TITLE D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6415 MIDNIGHT PASS RD, #208	CITY-ST-ZIP SARASOTA, FL 00000	5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	6415 Midnight Pass Rd #901 Sarasota, FL 34242
TITLE DS <input type="checkbox"/> DELETE	NAME DUNN, MARGARET	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6415 MIDNIGHT PASS RD, #809	CITY-ST-ZIP SARASOTA FL	6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	6415 Midnight Pass Rd #702

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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** 1-14-99 (941) 349-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)