Daytime Phone #

## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 729543** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** THE ANCHORAGE CONDOMINIUM ASSOCIATION, INC. 01-27-2000 90060 024 \*\*\*\*61.25 Principal Place of Business Mailing Address 6415 MIDNIGHT PASS ROAD 6415 MIDNIGHT PASS ROAD SARASOTA FL 34242-3458 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1714008 Not Applicable Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LOBECK, DANIEL J ESQ. THE LAW OFFICES OF LOBECK & HANSON, P.A. 2033 MAIN ST., SUITE 301 City Zip Code SARASOTA FL 34237 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE **OBERLE, GEORGE** NAME NAME STREET ADDRESS 6415 MIDNIGHT PASS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 Addition ☐ Change TITLE TITLE Delete NAME BEST, VIRGINA Carol Jane Guardino NAME $\mathbf{r}$ STREET ADDRESS STREET ADDRESS 6415 MIDNIGHT PASS 6415 Midnight Pass RD. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 Sarasota, Fl. 34242 **Addition** ☐ Change TITLE TITLE Delete Michael Nestor BOLTON, EDWARD NAME D NAME 6415 Midnight Pass STREET ADDRESS 6415 MIDNIGHT PASS RD #301 STREET ADDRESS Sarasota, Fl. 34242 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 Change Addition Delete TIT) F TITLE Donald Trentman ROTROVITON; MATT NAME NAME STREET ADDRESS 6415 Midnight Pass Rd. Sarasota, Fl. 34242 STREET ADDRESS 6415 MIDNIGHT PASS RD #601. CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34242 noitibhA 🕽 ☐ Change TITLE ☐ Delete TITLE D Charles Wiessemier NAME BEANE, JERRY NAME STREET ADDRESS STREET ADDRESS 6415 MIDNIGHT PASS RD #901 6415 Midnight Pass Rd. CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34242 Sarasota, Fl. 34242 Change ☐ Addition TITLE ☐ Delete TITLE DUNN, MARGARET NAME NAME STREET ADDRESS 6415 MIDNIGHT PASS RD #702 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustice empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with applicates. With all the slike empowered.