

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729543

FILED
Jan 07, 2005
Secretary of State

Entity Name: THE ANCHORAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6415 MIDNIGHT PASS RD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6415 MIDNIGHT PASS RD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1714008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBECK, DANIEL J ESQ.
THE LAW OFFICES OF LOBECK & HANSON, P.A.
2033 MAIN ST., SUITE 403
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHERWOOD, ANN
Address: 6415 MIDNIGHT PASS RD # 206
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: AMICO, ANGLEO
Address: 6415 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: DUNN, EDWARD
Address: 6415 MIDNIGHT PASS
City-St-Zip: SARASOTA, FL 34242

Title: DP () Delete
Name: MONHEIM, JOHN
Address: 6415 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: ORIENTE, DAVID
Address: 6415 MIDNIGHT PADD RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: TINDALL, ROBERT
Address: 6415 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: DUNN, EDWARD
Address: 6415 MIDNIGHT PASS
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: EASTLUND, GARY
Address: 6415 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: DP (X) Change () Addition
Name: ORIENTE, DAVID
Address: 6415 MIDNIGHT PADD RD
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ORIENTE

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date