


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90005 039 ****61.25

DOCUMENT # N36989 1. Entity Name ANCHOR BOAT CLUB, INC.					
Principal Place of Business RICHARD COHEN 6 CHESNEY CRT PALM COAST FL 32137 US			Mailing Address ANCHOR BOAT CLUB, INC. PO BOX 351501 PALM COAST FL 32135-1501 US		
2. Principal Place of Business - No P.O. Box # MS. HONORA MARESCO		3. Mailing Address Suite, Apt. #, etc. 13 COTTON COURT			
City & State PALM COAST FL		City & State PALM COAST FL			
Zip 32137	Country FLORIDA	Zip 32137	Country FLORIDA	4. FEI Number 59-3047602	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent GUNTARP, PAUL M JR 185 CPYRESS PT PKWY STE 6 PALM COAST FL 32164			7. Name and Address of New Registered Agent Name THOMAS J. NIELSEN Street Address (P.O. Box Number is Not Acceptable) 28 CLINTON COURT NORTH City PALM COAST FL Zip Code 32137		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Thomas J. Nielsen</u> (THOMAS J. NIELSEN) DATE <u>3/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COHEN, RICHARD 6 CHESNEY CRT PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMODORE MARESCO, HONORA 13 COTTON COURT PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BEBUNES, CHARLES 6 CEDARFORD CT PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE COMMODORE O'BRIEN, MARY 31 CHRISTOPHER COURT PALM COAST FL, 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DINO, PATRICIA H 9 WILSON PLACE PALM COAST FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MILLER, ROSEANN 28 CLARENDON COURT NORTH PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NIELSEN, THOMAS J 28 CLINTON COURT NORTH PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REAR COMMODORE THIERWECHTER, JACKIE 24 CLARENDON COURT NORTH PALM COAST FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC BALLA, RUTH 27 CLEARVIEW COURT NORTH PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC ANTONELLI, JOHN 4 CEDAR COURT PALM COAST FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Thomas J. Nielsen</u> THOMAS J. NIELSEN 3/1/07 386-447-7420 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					