## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 06, 2008 8:00 am Secretary of State

1. Entity Nam	ANCA CONDOMINIUM ASS	-	<b>AM</b> I				02-06-200	8 90030	048 ****6	1.25
Principal Plac 6345 COLLIN MIAMI BEACI	NS AVE	Mailing Address 12301 NW 7 LANE MIAMI, FL 33182	US			4.00			MI <b>airia</b> mair masar	/B///B) B) (B)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02012008	Chg-NP	CR2	E037 (12/06)	)
City & State		City & State				4. FEI Numbe 65-051			— —	Applied For
Zip	Country	Zip	Zip Co		try <b>5.</b> 1		of Status Desire	ed 🗆	\$8.75 A	dditional
<u>·</u>	6. Name and Address of Current	Registered Agent				7. Name and	Address of No	w Register		
				Name			·····			
L&C ROY/ 12301 NW	,		Street A	ddress (P	O. Box Number	er is Not Accep	table)	<del></del>	<del> </del>	
MIAMI, FL	. 33182									
-				City					Zip Co	de
	e named entity submits this statement for tions of registered agent.					o egonii oi oo		<del></del>		
2 (2) 180 7-13	Signature, typed or printed name of registered agent	9. Election	Campaign I	Financing		\$5.00 May B	le E		ieck payable	
A 22 45 1	Filing Fee is \$61.25 Due by May 1, 2008	9. Election ( Trust Fun	Campaign I	Financing tion.		\$5.00 May B Added to Fees		Make cl Florida De	eck payable partment of	State
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10. CI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25  Due by May 1, 2008  OFFICERS AND DI  PD  SCHECHER, RICHARD  101 N OCEAN DRIVE. SUITE 8  HOLLYWOOD, FL 33019  VP  MORLOTE, LUIS  3135 SW 148 AVENUE  MIAMI, FL 33185  STD	9. Election of Trust Fun	Campaign Ind Contribution  11.  ITIL  NAA  STR  CITY  TITL  NAA  STR  CITY  TITL  TI	Financing tion.  E  ME  EET ADDRESS Y-ST-ZIP  LE  ME  EET ADDRESS Y-ST-ZIP  F	STE 335 A T 1 3 3 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	\$5.00 May B Added to Fees DDITIONS/CH CLOTE I SW 148 LMI, FL LLOTE LLOTE SW 1 LLOTE	ANGES TO OFF 2012 233185 1095 1800 23185	Make cl Florida De FICERS AND	partment of DIRECTORS  Change	N 10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 his 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #