

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729543

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC1829711684**

**Entity Name:** THE ANCHORAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6415 MIDNIGHT PASS RD  
SARASOTA, FL 34242

**Current Mailing Address:**

6415 MIDNIGHT PASS RD  
SARASOTA, FL 34242

**FEI Number: 59-1714008**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ULRICH, RICHARD ESQ.  
JUDD,ULRICH,SCARLETT,SUMMONTE,DEAN,P.A.  
2940 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            SCHWARTZ, DAVID  
Address        6415 MIDNIGHT PASS RD # 609  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            EASTLUND, GARY  
Address        6415 MIDNIGHT PASS RD # 710  
City-State-Zip: SARASOTA FL 34242

Title            VICE PRESIDENT  
Name            ZAHN, BOB  
Address        6415 MIDNIGHT PASS ROAD #603  
City-State-Zip: SARASOTA FL 34242

Title            SEC  
Name            DUNN, MARGARET  
Address        6415 MIDNIGHT PASS RD # 702  
City-State-Zip: SARASOTA FL 34242

Title            TREA  
Name            STEPHENS, RONALD  
Address        6415 MIDNIGHT PASS RD # 903  
City-State-Zip: SARASOTA FL 34242

Title            D  
Name            HOFFMANN, LUTZ  
Address        6415 MIDNIGHT PASS RD # 508  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            WISSESEIER, CHARLES  
Address        6415 MIDNIGHT PASS ROAD  
                  602  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            ZINZE, ALLEN  
Address        6415 MIDNIGHT PASS ROAD  
                  401  
City-State-Zip: SARASOTA FL 34242

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID SCHWARTZ**

**PRESIDENT**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date