2014 FLORIDA NOT F	OR PROFIT CORPORATION	ON ANNUAL REPORT

DOCUMENT# 729543

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

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

Officer/Director Detail

Officer/Director Detail :				
Title	PRES	Title	DIRECTOR	
Name	EASTLUND, GARY	Name	WISSEMEIER, CHARLIE	
Address	6415 MIDNIGHT PASS RD # 710	Address	6415 MIDNIGHT PASS RD # 602	
City-State-Zip:	SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242	
Title	VICE PRESIDENT	Title	SEC	
Name	DUNN, MARGARET	Name	SHERWOOD, ANNE	
Address	6415 MIDNIGHT PASS ROAD#702	Address	6415 MIDNIGHT PASS RD #206	
City-State-Zip:	SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242	
Title	TREA	Title	D	
Title Name	TREA STEPHENS, RONALD	Title Name	D KARDON, CHARLES	
			-	
Name	STEPHENS, RONALD	Name	KARDON, CHARLES	
Name Address	STEPHENS, RONALD 6415 MIDNIGHT PASS RD # 903	Name Address	KARDON, CHARLES 6415 MIDNIGHT PASS RD # 608	
Name Address City-State-Zip:	STEPHENS, RONALD 6415 MIDNIGHT PASS RD # 903 SARASOTA FL 34242	Name Address City-State-Zip:	KARDON, CHARLES 6415 MIDNIGHT PASS RD # 608 SARASOTA FL 34242	
Name Address City-State-Zip: Title	STEPHENS, RONALD 6415 MIDNIGHT PASS RD # 903 SARASOTA FL 34242 DIRECTOR	Name Address City-State-Zip: Title	KARDON, CHARLES 6415 MIDNIGHT PASS RD # 608 SARASOTA FL 34242 DIRECTOR	
Name Address City-State-Zip: Title Name	STEPHENS, RONALD 6415 MIDNIGHT PASS RD # 903 SARASOTA FL 34242 DIRECTOR O'HEA, BILL 6415 MIDNIGHT PASS ROAD	Name Address City-State-Zip: Title Name	KARDON, CHARLES 6415 MIDNIGHT PASS RD # 608 SARASOTA FL 34242 DIRECTOR WILLIS, DICK 6415 MIDNIGHT PASS ROAD	

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: GARY EASTLUND

PRESIDENT

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 07, 2014 Secretary of State CC8311104957

Certificate of Status Desired: No

Date