

**2021 FLORIDA NOT FOR PROFIT CORPORATION 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**

**Certificate of Status Desired: No**

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

ULRICH, RICHARD ESQ.  
ULRICH, SCARLET, DEAN, WICKMAN P.A.  
713S. ORANGE AVE  
SARASOTA, FL 34201 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            PRESIDENT  
Name            SEPER, BILL  
Address        6415 MIDNIGHT PASS ROAD  
City-State-Zip: SARASOTA FL 34242

Title            VP  
Name            WALSH, BILL  
Address        6415 MIDNIGHT PASS RD  
City-State-Zip: SARASOTA FL 34242

Title            TREASURER  
Name            REIDENBACH, JAMES  
Address        6415 MIDNIGHT PASS ROAD  
City-State-Zip: SARASOTA FL 34242

Title            EXECUTIVE SECRETARY  
Name            JUKOVICH, JEFF  
Address        6415 MIDNIGHT PASS ROAD  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            MCHUGH, EDWARD  
Address        6415 MIDNIGHT PASS RD  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            WADE, TIM  
Address        6415 MIDNIGHT PASS RD  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            GIOCONDO, ROBERT  
Address        6415 MIDNIGHT PASS RD  
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: BILL SEPER**

**PRESIDENT**

**01/06/2021**

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

\_\_\_\_\_  
Date