

2015 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.
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 EASTLUND, GARY
Address 6415 MIDNIGHT PASS RD # 710
City-State-Zip: SARASOTA FL 34242

Title SEC
Name SHERWOOD, ANNE
Address 6415 MIDNIGHT PASS RD #206
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 KARDON, CHARLES
Address 6415 MIDNIGHT PASS RD # 608
City-State-Zip: SARASOTA FL 34242

Title VP
Name O'HEA, BILL
Address 6415 MIDNIGHT PASS ROAD
 408
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name WILLIS, DICK
Address 6415 MIDNIGHT PASS ROAD
 PH-7
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name LARSON, KURT DR.
Address 6415 MIDNIGHT PASS RD
 #PH-10
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name SHOCK, JOSEPH
Address 6415 MIDNIGHT PASS RD
 #907
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: GARY EASTLUND

PRES

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date