2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am § Secretary of State **DOCUMENT # 731518** 1. Entity Name 05-17-2001 90368 030 ****61.25 ANCHORAGE POINT PROPERTY OWNERS' ASSOCIATION, IN Principal Place of Business Mailing Address 18766 RIO VISTA DRIVE 18766 RIO VISTA DRIVE 550621 JUPITER FL 33469 JUPITER FL 33469 HS 2. Principal Place of Business 3. Mailing Address 18911 RIO VISTA DR. Suite, Api. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2352850 TEQUESTA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired *3*3469 PALM BCH 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVERSA, JEFFREY N 218 US HWY 1 **TEQUESTA FLORIDA FL 33458** City Zip Code 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) Change ☐ Addition ☐ Delete TITLE TITLE DAVIS, JULIE DAVID, JULIE NAME NAME STREET ADDRESS STREET ADDRESS 18 RIO VISTA DR CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL Delete X Change ☐ Addition TITLE TITLE JACK E. REDINGER LOSTOCCO, LARRY G NAME NAME 18821 RIG VISTA DR STREET ADDRESS STREET ADDRESS 18735 RIO VISTA DR. CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL** TEQUESTA, FL X Change X Delete TITLE Addition TITLE BOHAR, CLIVE FENWICK, CLIFF NAME NAME 18811 RIO VISTA DR 18766 RIO VISTA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TEQUESTA, FL TEQUESTA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

RCATHORD C. FENWICK 5/7/01 561-746-3330 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if