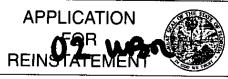
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

## ANCHORAGE POINT PROPERTY OWNERS' ASSOCIATION, IN

Principal Place of Business

Mailing Address

FILED

02 NOV 19 AM 9: 07

SECRETARY OF STAIL TALLAHASSEE. FLORIDA

561 741 1908

Said.

18811 RIO VISTA DRIVE TEOUESTA FL 33469 US			18766 RIO VISTA DRIVE JUPITER FL 33469 US											
			uə											
If above a	addresses are incorrec	t in any way, line thr	rough incorrect i	nformation	and enter	correction	pelow	09-19-	or)	90151	013	<b>\$</b> [4]	1.25	
New Principal Office Address, If Applicable 3. New Mai				ling Office Address, If Applicable				4. Date Incorporated or Qualified						
Suite, Apt. #, etc. Suite, Apt.								To Do Business in Florida 12/31/1974						
City & Chair								5. FEI Number Applie					Applied For	
City & State			City & State	City & State TEQUESTIN F2									Not Applicable	
Zip Country			Zip 33469 Country PBC				? 6	6. CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status						
7. Names	and Street Addresses	of Each Officer and/	or Director (Flo	rida nonpr	ofit corpor	ations must	list at lea	st 3 directors)	·			·		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip					
SD	DAVIS, JULIE			18 RIO VISTA DR					TEQUESTA FL					
TD	REDINGER, JACK E			18821 RIO VISTA DRIVE					TEQUESTA FL					
PD	BOHARD, CLIVE			18811 RIO VISTA DRIVE					TEQUESTA FL					
TO SANDY FELLON				18812 REU VIST				The De TEYMESTS FL						
		<del> </del>		_							*****			
			44.			TA.	\W2	2						
·	8. Name and Ac	idress of Current F	Registered Age	nt		Name		9. Name and	Address	of New Re	gistered Aç	jent		
DAVER	SA, JEFFREY N													
218 US HWY 1				Street Address (P.				O. Box Number is Not Acceptable)						
TEQUESTA FLORIDA FL 33458				Suite, Apt. #, Etc.						<del>-</del>	<del></del>			
						City					State	Zip Code		
10l, being	appointed the registere	ed agent of the abov	e named corpo	ration, am	lamiliar wi	th and acce	pt the obli	igations of Sect	ion 607.0	505, F.S. o		F.S.		
				0.	<del></del>				-					
Signature of Registered A	AgentS		Miston	SH,	QU	IRE	D		Date	//	1/02	2/02	_	
		THE CONTRACTOR	SISTERED AGE	NT MUST	SIGN,			<del>-</del>	Date		/ /	<b>/</b>		
11. I certify t this reins	hat I am an officer or distance the servers that have been	lirector or the receive	er or trustee em	powered to eliminated,	execute the corpo	this applicat	ion as pro atisfies th	ovided for in cha	apter 607	or 617, F.S	I further ce	rtify that v	vhen filing	

shall have the same legal effect as if made under oath.

names Individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE:

owed by the corporation have been paid and the

on this application is true and accurate