# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2008**
**Secretary of State**

DOCUMENT# 733511

**Entity Name:** ANCHOR POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1028 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

1207 N. HIMES AVENUE
SUITE #3
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number: 59-1925488** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KRUG, JR, DAVID
1207 N. HIMES AVENUE
SUITE 3
TAMPA, FL 33607 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: GARLINGTON, KATHY
Address: 1028 APOLLO BEACH BLVD. #22
City-St-Zip: APOLLO BEACH, FL 33572

Title: DVP ( ) Delete
Name: CONLEY, NANCY
Address: 1028 APOLLO BEACH BLVD. #7
City-St-Zip: APOLLO BEACH, FL 33572

Title: DT ( ) Delete
Name: CHALLEN, VIVIAN
Address: 1028 APOLLO BEACH BLVD.
City-St-Zip: APOLLO BEACH, FL 33572

Title: DS ( ) Delete
Name: BROWN, GENE
Address: 1028 APOLLO BEACH BLVD.
City-St-Zip: APOLLO BEACH, FL 33572

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MANAOIS, PEDRO
Address: 1028 APOLLO BEACH BLVD. #23
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHY GARLINGTON DP 04/30/2008

Electronic Signature of Signing Officer or Director — Date