

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 012 ****61.25

DOCUMENT # 736117 1. Entity Name ANCHOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 92550 OVERSEAS HWY TAVERNIER, FL 33070			Mailing Address P.O. BOX 1401 TAVERNIER, FL 33070		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03272008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1711099	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CARLSON, DAVID ESQ. 8180 N.W. 36TH STREET STE. 100 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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. I am familiar with, and accept the obligations of registered agent.		SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, DAVID 8180 NW 36TH STREET SUITE 100 MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEWART, CANDACE 143 ATLANTIC CIRCLE DR TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Reyes, Lillian 92550 Overseas Hwy. # 215 Tavernier, FL 33070	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUGHERTY, WILLIAM A 8346 150 TH CT N PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIRINGO, SHARON 8043 NW 66TH WAY PARKLAND, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETCHAM, LUELLEN PO BOX 5342 LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrew Corsini 92550 Overseas Hwy., # 203 Tavernier, FL 33070	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRSIL, ADRIAN 92550 OVERSEAS HWY UNIT 206 TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Bankston 260 Albatross St. Miami Springs, FL 33166	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Andrew C. Corsini, Jr. 4-7-08 305-852-3734					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					