

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 18, 2008
Secretary of State

DOCUMENT# 736117

Entity Name: ANCHOR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**92550 OVERSEAS HWY
TAVERNIER, FL 33070**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1401
TAVERNIER, FL 33070**New Mailing Address:****FEI Number:** 59-1711099**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARLSON, DAVID ESQ.
8180 N.W. 36TH STREET
STE. 100
MIAMI, FL 33166 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: D () Delete
Name: CARLSON, DAVID
Address: 8180 NW 36TH STREET SUITE 100
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: ST () Delete
Name: REYES, LILLIAM
Address: 92550 OVERSEAS HWY #215
City-St-Zip: TAVERNIER, FL 33070

Title: V () Delete
Name: DOUGHERTY, WILLIAM A
Address: 8346 150 TH CT N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: P () Delete
Name: CIRINGO, SHARON
Address: 8043 NW 66TH WAY
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: CORSINI, ANDREW
Address: 92550 OVERSEAS HWY #203
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: BANKSTON, JOHN
Address: 260 ALBATROSS ST
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: STEWART, CANDACE
Address: 143 ATLANTIC CIRCLE DRIVE
City-St-Zip: TAVERNIER, FL 33070

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

Title: D (X) Change () Addition
Name: CARLSON, DENNIS
Address: P.O. BOX 1558
City-St-Zip: LABELLE, FL 33176

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

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: SHARON CARLSON

P

11/18/2008

Electronic Signature of Signing Officer or Director

Date