2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
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:	STEWART, CANDACE	
Address:	143 ATLANTIC CIRCLE DRIVE	
City-St-Zip:	TAVERNIER, FL 33070	
Title:	P	( ) Delete
Name:	CIRINGO, SHARON	
Address:	8043 NW 66TH WAY	
City-St-Zip:	PARKLAND, FL 33067	
Title:	D	( ) Delete
Name:	CARLSON, DENNIS	
Address:	P.O. BOX 1558	
City-St-Zip:	LABELLE, FL 33176	
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:	( ) 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:	

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: LILLIAM REYES ST 03/29/2009

Electronic Signature of Signing Officer or Director — Date