FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 🐧 Morman

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT #
1. Corporation Name ANCHORAGE CONDOMINIUM APARTMENTS ASSOCIATION, IN

C.					
Principal Place of	of Business	Mailing Address			idi dibis billi dibis bibli dibiz billi indi
OU MARINE TIAL		60 Marine Way Delray BCH FL 3348	13		
				3. Date Incorporated or Qualified 05/10/1979	3a. Date of Last Report 03/31/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1972650	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3	Country	28	Country	8. This corporation has liability for in	
Zip 4	25	29	30	Florida Statutes	Yes □ No
<u>-1</u>	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent
			81 Name	Anne Wock	
DEMNIS	NAGEL M.		82 Street Add	ress (P.O. Box Number is Not Acceptable) 1 2
	NE WAY 4			60 Marine Way	<u> </u>
	BCH FL 33483		83	/	
*DECITY	501112 00100		84 City	1 0	85 Zp Cope
	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iray Deach	FL 33483
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the above-named corpo	ration submits this statement for the purp and of directors. I hereby accept the appoi	ose of changing its registered offici intment as registered agent. I am
or registere familiar wit	ed agent, or both, in the State of Fio h, and accept the obligations of, Sei	rioa. Such change was author ction 617.0503, Florida Statute	es.		21 - 100
SIGNATURE	Oine more	President			3/23/96
SIGNATORE _	Signature, typed or printed name of registered ag-		NOTE: Registereo Agent signature require 13.	ADDITIONS/CHANGES TO OFFI	
12.		ND DIRECTORS DELETE	1 1 TiTLE	745EFFTORGE STATES	Change Addition
TITLE	VP	Преселе	1.2 NAME		- -
NAME	NAGEL, DENNIS M.		1.3 STREET ADDRESS		
STREET ADDRESS	60 MARINE WAY #3		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	DELRAY BEACH FL	[] DELETE	2.1 TITLE		Change Addition
TITLE	SD Defelice, Elizabeth		2.2 NAME		
NAME	60 MARINE WAY #2		2 3 STREET ADDRESS		
STREET ADDRESS	DELRAY BEACH FL		2. 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	TD	DELETE	3 1 TITLE		Change Addition
NAME 1	MARINAK, STEVE		3.2 NAME		
STREET ADDIRESS	60 MARINE WAY #6		3.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL		3 4. CITY - ST - ZIP		CO OL DANGE on
TITLE	PD	DELETE	4.1 TITLE		Change Addition
NAME	MOCK, ANNE		4 2 NAME		
STREET ADDRESS	60 MARINE WAY #7		4.3 STREET ADDRESS		
CITY-ST-ZP	DELRAY BEACH FL	——————————————————————————————————————	4 4 CITY - ST - ZIP		Addition
TITLE	D	DELETE	5.1 TITLE	. 50000177 -04/11/96011	rr485° ⊔ ^{™™}
NAME	RILEY, ALIDA		52 NAME	-04/11/96011	.U:5U48
STREET ADDRESS	65 PALM SQUARE		5 3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	DELRAY BEACH FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE			6.1 TILLE 6.2 NAME		_ , _
NAME			63 STREET ADDRESS		
STREET ADDRESS			SACITY-ST-7IP		4-11-96 12
CITY-ST-ZIP	by cortify that the information evention	ed with this filing is voluntarily f	Land and deep pot publish	y for the exemption stated in Section 119	07(3)(k) Florida Statutes, I further
certify that	at the information indicated on this a	nnual report or supplemental a	annual report is true and accurate to	rate and that my signature shall have the this report as required by Chapter 617, Fl	i same legal епест as it made under lorida Statutes; and that my name
l sotto tho	it I am an officer or director of the co in Block 12 or Block 13 if changed.	rooration or the receiver or tru	Stee Billboweren to evecure i	and report do required by emopios of the	•
1	1			4/2/61	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _ Balabe Mack Procedont