FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

747144

ANCHORAGE CONDOMINIUM APARTMENTS ASSOCIATION, IN C.

Principal Place of Business Mailing Address 60 MARINE WAY **60 MARINE WAY** DELRAY BOH FL 33483 **DELRAY BCH FL 33483-5319** 2. Principal Place of Business 2a. Mailing Address

3. Date Incorporated or Qualified 05/10/1979 04/11/1996 4. FEI Number Applied For 59-1972650 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees

Ζıρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOCK, ANNE 82 Street Address (P.O. Box Number is Not Acceptable)

60 MARINE WAY 7 83 **DELRAY BCH FL 33483** 84 City Zip Code 85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Frances	Anne Mock	au ciuidico:		1-4-9	17
Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstaling) DATE						
12.	~ ~ ~~~~~ ~~~~~~~~~~~~~~~~~~~	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
TITLE	VP .	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	NAGEL, DENNIS M.		1.2 NAME			
STREET ADDRESS	60 MARINE WAY #3		1.3 STREET ADDRESS			
CITY - ST - ZIP	DELRAY BEACH FL		1.4 CITY - ST - ZIP			
TITLE	SD	DELETE	2.1 TITLE S D	Seathoff Shirley 60 Marine Way #2 Deiray Beach FL 33	☐ Change	Addition
NAME	DEFELICE, ELIZABETH	•	2.2 NAME	1 - Marilan July		_
STREET ADDRESS	60 MARINE WAY #2		2.3 STREET ADDRESS	60 Merine way # 2	/1	
CITY - S1 - ZIP	DELRAY BEACH FL		2. 4 CITY-ST-ZIP	Delray Death FL 33	785	
TITLE	TD	DELETE	3.1 TITLE		Change	Addition
NAME	Marinak, Steve		3.2 NAME		•	
STREET ADDRESS	60 MARINE WAY #6		3.3 STREET ADDRESS			
CITY - ST - ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP			
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 - ZIP	DELRAY BEACH FL		4.4 CITY - ST - ZIP			
TITLE	D	DELETE	5.1 TITLE		Change	☐ Addition
NAME	RILEY, ALIDA		5.2 NAME			
STREET ADDRESS	65 PALM SQUARE		5.3 STREET ADDRESS			
CITY+ST+ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
				I		1

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 12 or Block 13 if

SIGNATURE:

FILED

Mar 04 1997 8:00am

Secretary of State