




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90318 013 \*\*\*\*61.25

<b>DOCUMENT # 757869</b> 1. Entity Name <b>ANCHORAGE OF NAPLES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 27800 OLD 41 BONITA SPRINGS, FL 34135 US				Mailing Address 27800 OLD 41 BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business <b>27800 OLD 41 RD</b>		3. Mailing Address <b>27800 OLD 41 RD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>BONITA SPRINGS FL</b>		City & State <b>BONITA SPRINGS FL</b>		4. FEI Number <b>59-2448524</b>	
Zip <b>34135</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BACHMAN, ROBERT</b> <b>27800 OLD 41</b> <b>BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name <b>STERLING PROPERTY SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>27800 OLD 41 RD</b> City <b>BONITA SPRINGS</b> FL Zip Code <b>34135</b>	
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 		<b>J.S. O'GORMAN</b>		<b>4/18/06</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EMDE, WILLIAM H. 12945 VANDERBILT DR. #503 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATANESE, MICHAEL 12945 VANDERBILT DR., #202 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTIN, JAMES 12945 VANDERBILT DR 504 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, JOHN 12945 VANDERBILT DR 307 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORIN, OLLIE 12945 VANDERBILT DR 301 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 				<b>03.30.06 239-947-4552</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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