9/10/01-90044-040-$70.00-$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767668

1. Entity Name

CROSSED ANCHORS I CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 AM 11:37

Principal Place of Business	Mailing Address
332 HERNANDO ST., UNIT #3 FORT PIERCE FL 34949	~~332 HERNANDO ST., UNIT #4~~ ~~FORT PIERCE FL 34949~~ 4290 S.W. 143 AVE MIRAMAR, FL. 33027

DO NOT WRITE IN THIS SPACE 165 10 66408

2. Principal Place of Business	3. Mailing Address
332 HERNANDO St #3	4290 SW 143 Ave
Suite, Apt. #, etc.: Unit# 3	Suite, Apt. #, etc.: Miramar, FL.
City & State: Ft. Pierce, FL	City & State: Miramar, FL.
Zip: 34949 Country: USA	Zip: 33027 Country:

4. FEI Number APPLIED FOR ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, BARBARA J 332 HERNANDO ST., UNIT #4 FORT PIERCE FL 34949	Name: Deborah Sacks Street Address (P.O. Box Number is Not Acceptable): 4290 SW 143 Avenue City: Miramar FL Zip Code: 33027

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.

SIGNATURE: Deborah Sacks 8/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 After September 12, 2001, min. will be $236.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMPSON, BARBARA 332 HERNANDO ST., UNIT #4 FORT PIERCE FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Thomas L. Guarino 332 Hernando St #Unit#2 FORT PIERCE, FL 34949	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WINTERSTEIN, VICKI T 332 HERNANDO ST., UNIT #4 FORT PIERCE FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES BARBARA THOMPSON 332 HERNANDO ST UNIT#4 FORT PIERCE, FL. 34949	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MINCEY, APRIL R 332 HERNANDO ST., UNIT #4 FORT PIERCE FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREAS. DEBORAH J. SACKS 332 HERNANDO ST UNIT#3 FORT PIERCE, FL. 34949	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

12. I 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 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.

SIGNATURE: Thomas L. Guarino (NATURE REQUIRED) 8/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

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*****61.25 *****61.25