

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90025 002 ****61.25

DOCUMENT # 767668 1. Entity Name CROSSED ANCHORS I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 332 HERNANDO ST., UNIT 2 FORT PIERCE, FL 34949			Mailing Address 1605 BIARRITE DR MIAMI BEACH, FL 33141		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUARINO, THOMAS 1605 BIARRITZ DR MIAMI BEACH, FL 33141			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EARLY, DENNIS 332 HERNANDO ST #3 FORT PIERCE, FL 34949 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HALL, LARRY 332 HERNANDO ST #1 FORT PIERCE, FL 34949 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T.D. (same) ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GUARINO, THOMAS 332 HERNANDO ST #2 FORT PIERCE, FL 34949 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.D. (same) ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP D Thompson, BARBARA 332 HERNANDO ST # 4 FT PIERCE, FL 34949 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: _____ <i>Larry T Hall</i> Treasurer/Director 3-9-04 863-675-1313 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					