2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 767688

1. Entity Name
CROSSED ANCHORS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
332 HERNANDO ST., UNIT 2 FORT PIERCE, FL 34949	1605 BIARRITE DR MIAMI BEACH, FL 33141

02242005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1066408
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUARINO, THOMAS
1605 BIARRITZ DR
MIAMI BEACH, FL 33141

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EARLY, DENNIS
STREET ADDRESS	332 HERNANDO ST #3
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	TD
NAME	HALL, LARRY
STREET ADDRESS	332 HERNANDO ST #1
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	SD
NAME	GUARINO, THOMAS
STREET ADDRESS	332 HERNANDO ST #2
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	VPD
NAME	THOMPSON, BARBARA
STREET ADDRESS	332 HERNANDO ST #4
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/05-80057-013 61.25

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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: _____ 3/3/05 305-861-1903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — * Daytime Phone #