


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90195 040 ****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 - No P.O. Box #		3. Mailing Address <i>P.O. Box 757</i>																																																																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>La Belle, Fla</i>																																																																																																																								
City & State		City & State <i>33975</i>		4. FEI Number 65-1066408																																																																																																																						
Zip		Country <i>Honduras</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																						
6. Name and Address of Current Registered Agent GUARINO, THOMAS 1605 BIARRITZ DR MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																										
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																						
<div style="text-align: right;"> Make check payable to Florida Department of State </div>																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WINTERSTEIN, ERIC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>332 HERNANDO ST #3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT PIERCE, FL 34949</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HALL, LARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>332 HERNANDO ST #1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT PIERCE, FL 34949</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUARINO, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>332 HERNANDO ST #2</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT PIERCE, FL 34949</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOMPSON, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>332 HERNANDO ST #4</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT PIERCE, FL 34949</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	WINTERSTEIN, ERIC		STREET ADDRESS	332 HERNANDO ST #3		CITY-ST-ZIP	FORT PIERCE, FL 34949		TITLE	TD	<input type="checkbox"/> Delete	NAME	HALL, LARRY		STREET ADDRESS	332 HERNANDO ST #1		CITY-ST-ZIP	FORT PIERCE, FL 34949		TITLE	SD	<input type="checkbox"/> Delete	NAME	GUARINO, THOMAS		STREET ADDRESS	332 HERNANDO ST #2		CITY-ST-ZIP	FORT PIERCE, FL 34949		TITLE	VPD	<input type="checkbox"/> Delete	NAME	THOMPSON, BARBARA		STREET ADDRESS	332 HERNANDO ST #4		CITY-ST-ZIP	FORT PIERCE, FL 34949		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																										
SIGNATURE: _____ <i>Thomas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																										
Date <i>4-5-07</i>				Daytime Phone # <i>863-675-1313</i>																																																																																																																						

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