2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 767668

Entity Name: CROSSED ANCHORS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

332 HERNANDO ST., UNIT 2
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 757
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-1066408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUARINO, THOMAS
1605 BIARRITZ DR
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WINTERSTEIN, ERIC
Address: 332 HERNANDO ST 3
City-St-Zip: FORT PIERCE, FL 34949

Title: TD ( ) Delete
Name: HALL, LARRY
Address: 332 HERNANDO ST #1
City-St-Zip: FORT PIERCE, FL 34949

Title: SD ( ) Delete
Name: GUARINO, THOMAS
Address: 332 HERNANDO ST #2
City-St-Zip: FORT PIERCE, FL 34949

Title: VPD ( ) Delete
Name: THOMPSON, BARBARA
Address: 332 HERNANDO ST #4
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change ( ) Addition
Name: GUARINO, THOMAS
Address: 332 HERNANDO ST #2
City-St-Zip: FORT PIERCE, FL 34949

Title: D (X) Change ( ) Addition
Name: THOMPSON, BARBARA
Address: 332 HERNANDO ST #4
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY T. HALL T/D 04/16/2009

Electronic Signature of Signing Officer or Director — Date