

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767668

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**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  
Name: WINTERSTEIN, ERIC  
Address: 332 HERNANDO ST 3  
City-St-Zip: FORT PIERCE, FL 34949

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LARRY T. HALL

TD

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date