


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02912</b> 1. Entity Name ANCHOR COURT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business % JAMES M. GUALARIO P.A. 820 ANCHOR RODE DRIVE NAPLES, FL 33940	Mailing Address % JAMES M. GUALARIO P.A. 820 ANCHOR RODE DRIVE NAPLES, FL 33940
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04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2436944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GUALARIO, JAMES M. 820 ANCHOR RODE DRIVE NAPLES, FL 34103
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	UN0000340782 04/28/05-80130-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OLSON, HEDWIG E. 314 OVERLOOK DR. WEST LAFAYETTE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUALARIO, JAMES M. 820 ANCHOR RODE DRIVE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, RICHARD 7716 WOODCLIFF DR WEST LAFAYETTE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: JAMES M. GUALARIO** *[Signature]* **4/24/05 (239) 263-2224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #