



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02912 1. Entity Name ANCHOR COURT CONDOMINIUM ASSOCIATION, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GUALARIO, JAMES M. 820 ANCHOR RODE DRIVE NAPLES, FL 34103				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)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, HEDWIG E.		NAME		
STREET ADDRESS	314 OVERLOOK DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST LAFAYETTE, IN		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUALARIO, JAMES M.		NAME		
STREET ADDRESS	820 ANCHOR RODE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, RICHARD		NAME		
STREET ADDRESS	7716 WOODCLIFF DR		STREET ADDRESS		
CITY-ST-ZIP	WEST LAFAYETTE, IN		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: JAMES M. GUALARIO  4/27/06 239-243-2224					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



04192006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2436944

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

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05/13/06-90004-021 61.25