

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90217 032 \*\*\*\*61.25

<b>DOCUMENT # N02912</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2436944	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUALARIO, JAMES M. 820 ANCHOR RODE DRIVE NAPLES, FL 34103				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD OLSON, HEDWIG E. 314 OVERLOOK DR. WEST LAFAYETTE, IN		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KRIS POTTER 1120 PORTLAND AVE. LOS ALTOS, CA 94024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUALARIO, JAMES M. 820 ANCHOR RODE DRIVE NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRIS POTTER 1120 PORTLAND AVE. LOS ALTOS, CA 94024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, RICHARD 7716 WOODCLIFF DR WEST LAFAYETTE, IN		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRIS POTTER 1120 PORTLAND AVE. LOS ALTOS, CA 94024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRIS POTTER 1120 PORTLAND AVE. LOS ALTOS, CA 94024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRIS POTTER 1120 PORTLAND AVE. LOS ALTOS, CA 94024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRIS POTTER 1120 PORTLAND AVE. LOS ALTOS, CA 94024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRIS POTTER 1120 PORTLAND AVE. LOS ALTOS, CA 94024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRIS POTTER 1120 PORTLAND AVE. LOS ALTOS, CA 94024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRIS POTTER 1120 PORTLAND AVE. LOS ALTOS, CA 94024	
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>James M. Gualario</i> JAMES M. GUALARIO			Date: 4/25/07 239-203-2224		