## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90863 045 \*\*\*\*61.25

## DOCUMENT # N04000004945

1. Entity Name

ANCHORAGE CONDOMINIUM ASSOCIATION OF BREVARD, INC.



	_,					0000				
Principal Place of Business MOORE PARK LAND MERRITT ISLAND, FL 32950		204 V	Mailing Address 204 WEST COCOA BEACH PKWY COCOA BEACH, FL 32931			60046	3030			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03142007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State				4. FÉI Numbe 33-1102			<b>⊢</b>	oplied For ot Applicable
Zìp	Country	Zip		Country		5. Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered	l Agent			7. Name and	Address of New	Registered	<u>.</u>	·····
WELDODE		•		Name			<u> </u>	•		
KELDORFF, INC C/O KAREN GUNN BARDOT			Street Address			(P.O. Box Number is Not Acceptable)				
204 W COCOA BEACH CSWY										
COCOA BEACH, FL 32931										
				City				F۱	Zip Cod	e
8. The above	named entity submits this statement for	or the purpo	se of changing its r	egistered office	or register	ed agent, or both	h, in the State of	Florida. I am	<u> </u>	and accept
the obligat	tions of registered agent.									
0.00.45.55										
SIGNATURE	Signature, typed or printed name of registered agent	t and title if appli	cable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE		<del></del>
							<del></del>			
			A 51 W 0				<b>I</b>			
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees			k payable t rtment of S	
10.	<del>-</del>	RECTORS				Added to Fees ADDITIONS/CHA	Fi	orida Depa	rtment of S	tate
TITLE	OFFICERS AND DI	RECTORS		11.	Pres	Added to Fees  ADDITIONS/CHA	ANGES TO OFFIC	orlda Depa CERS AND D	rtment of S	tate
TITLE NAME	OFFICERS AND DI	RECTORS	Trust Fund Co	ntribution.  11.  fitle  NAME	Pres	Added to Fees  ADDITIONS/CHA	ANGES TO OFFIC	orlda Depa CERS AND D	IRECTORS IN	tate
TITLE	OFFICERS AND DI P LAMAR, EMILY 420 MOORE PARK LN #307	RECTORS	Trust Fund Co	11.	Pres	Added to Fees ADDITIONS/CHA LI dent Lery LO Mass	ANGES TO OFFIC	orlda Depa CERS AND D	IRECTORS IN	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DI	RECTORS	Trust Fund Co	ntribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Pres	Added to Fees  ADDITIONS/CHA	ANGES TO OFFIC	orlda Depa CERS AND D	IRECTORS IN PARTIES OF STATE O	tate  10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI P LAMAR, EMILY 420 MOORE PARK LN #307 MERRITT ISLAND, FL 32952	RECTORS	Trust Fund Co	ntribution.  11.  TITLE  NAME  STREET ADDRESS	Pres	Added to Fees ADDITIONS/CHA LI dent Lery LO Mass	ANGES TO OFFIC	orlda Depa CERS AND D	IRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LAMAR, EMILY 420 MOORE PARK LN #307 MERRITT ISLAND, FL 32952 VP HEADLEY, DONALD 420 MOORE PARK LN #306	RECTORS	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Pres En 40	Added to Fees ADDITIONS/CHA LI dent Lery LO Mass	ANGES TO OFFIC	orlda Depa CERS AND D	IRECTORS IN PARTIES OF STATE O	tate  10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007  OFFICERS AND DI P LAMAR, EMILY 420 MOORE PARK LN #307 MERRITT ISLAND, FL 32952  VP HEADLEY, DONALD 420 MOORE PARK LN #306 MERRITT ISLAND, FL 32952	RECTORS	Trust Fund Co	IT.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres En 40	Added to Fees ADDITIONS/CHA LI dent Lery LO Mass	ANGES TO OFFIC	orlda Depa CERS AND D	IRECTORS IN PRESENTE STATE OF THE STATE OF T	4 10 Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

321-861- 3292

Daytime Phone #