


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N08289	
1. Entity Name ANCHOR POINTE COMMERCIAL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1633 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address 1633 PERIWINKLE WAY SANIBEL, FL 33957
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06082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2781355	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

ROGUSKA, BRENDA R
 1633 PERIWINKLE WAY
 SUITE G
 SANIBEL, FL 33957

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGUSKA, BRENDA 1633 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURTY, PATRICIA J 1633 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VASANTA, SENCROT 1633 PERIWINKLE WAY, STE B SANIBEL, FL 33957
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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: Brenda R Roguska 6/8/07 239-395-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #