


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # N08289<br>1. Entity Name<br>ANCHOR POINTE COMMERCIAL CONDOMINIUM ASSOCIATION, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>1633 PERIWINKLE WAY<br>SANIBEL, FL 33957 | Mailing Address<br>1633 PERIWINKLE WAY<br>SANIBEL, FL 33957 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2781355                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000876634  
 04/11/08-80077-025 61.25

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROGUSKA, BRENDA<br>1633 PERIWINKLE WAY<br>SANIBEL, FL 33957        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MURTY, PATRICIA J<br>1633 PERIWINKLE WAY<br>SANIBEL, FL 33957     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>VASANTA, SENCROT<br>1633 PERIWINKLE WAY, STE B<br>SANIBEL, FL 33957 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 Roguska 3/28/08 239-395-2610  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #