

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

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N18281

1. Entity Name
ANCHORAGE OWNERS ASSOCIATION, INC.



Principal Place of Business
**500 S. DIXIE HIGHWAY
201
CORAL GABLES, FL 33146**

Mailing Address
**500 S. DIXIE HIGHWAY
201
CORAL GABLES, FL 33146**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2795935	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

**MILLARES, MARIA R.
500 S. DIXIE HIGHWAY
SUITE 201
CORAL GABLES, FL 33146**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGUILERA, ELIZABETH 3501 ANCHORAGE WAY COCNUT GROVE, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JONATHAN 3595 ANCHORAGE WAY COCONUT GROVE, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANRAHAN, JAMES 3535 ANCHORAGE WAY COCONUT GROVE, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/06/08-80070-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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

1-21-08

Date

305 669-8996

Daytime Phone #