

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18281

FILED
Jan 20, 2009
Secretary of State

Entity Name: ANCHORAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 S. DIXIE HIGHWAY
201
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

500 S. DIXIE HIGHWAY
201
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-2795935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: AGUILERA, ELIZABETH
Address: 3501 ANCHORAGE WAY
City-St-Zip: COCNUT GROVE, FL 33133

Title: PD () Delete
Name: LEWIS, JONATHAN,
Address: 3595 ANCHORAGE WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: HANRAHAN, JAMES
Address: 3535 ANCHORAGE WAY
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SACCO, VITTORIO
Address: 3535 ANCHORAGE WAY
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN LEWIS

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date