
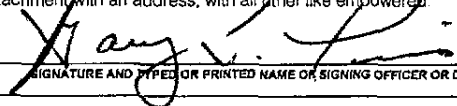


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001265		
1. Entity Name ANCHOR WAREHOUSE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business ANCHOR WAREHOUSE CONDOMINIUM 3301 SE 14 PLACE BOYNTON BEACH, FL 33426	Mailing Address D F GOUVERT 6842 BRIDLEWOOD CT BOCA RATON, FL 33433	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOUVERT, DOLORES F D F GOUVERT 6842 BRIDLEWOOD CT DELRAY BEACH, FL 33444		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000425124 02/18/06-80080-023 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEWIS, GARY 3301 SW 14 PLACE BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CZARNIECKI, ZYGMUNT 3301 SW 14 PLACE BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEFELICE, DANIEL 3301 SW 14 PL BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		2-1-06 Date _____ Daytime Phone # _____