

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:47

DOCUMENT # 716399 (1)
T. Corporation Name
ATLANTIC OCEAN CLUB CONDOMINIUM APARTMENTS, INC.

Principal Place of Business Mailing Address
4020 GALT OCEAN DR FT LAUDERDALE FL 33308 **4020 GALT OCEAN DR FT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/18/1969	3a. Date of Last Report 03/30/1994
4. FEI Number 59-1316714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BOGGS, GEORGE 4020 GALT OCEAN DR #105 FT LAUDERDALE FL 33308		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, ROBERT	1.2 NAME	
STREET ADDRESS	4020 GALT OCEAN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPALDI, ANTHONY	2.2 NAME	
STREET ADDRESS	4020 GALT OCEAN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKMAN, MADISON H	3.2 NAME	
STREET ADDRESS	4020 GALT OCEAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTTMAN, ROSE	4.2 NAME	
STREET ADDRESS	4020 GALT OCEAN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALCE, ANTHONY	5.2 NAME	
STREET ADDRESS	4020 GALT OCEAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, RICHARD	6.2 NAME	
STREET ADDRESS	4020 GALT OCEAN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rose L. Guttman* **ROSE L. GUTTMAN** **4/3/95** **563-2425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Circle 1) Year 2