

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716399 (1)
 1. Corporation Name
ATLANTIC OCEAN CLUB CONDOMINIUM APARTMENTS, INC.



Principal Place of Business 4020 GALT OCEAN DR FT LAUDERDALE FL 33308	Mailing Address 4020 GALT OCEAN DR FT LAUDERDALE FL 33308
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3. Date Incorporated or Qualified 04/18/1969
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BOGGS, GEORGE
4020 GALT OCEAN DR #105
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> DELETE
NAME	DILLON, ROBERT
STREET ADDRESS	4020 GALT OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CAPALDI, ANTHONY
STREET ADDRESS	4020 GALT OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	COCKMAN, MADISON H
STREET ADDRESS	4020 GALT OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	GUTTMAN, ROSE
STREET ADDRESS	4020 GALT OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	PERRY, PAUL
STREET ADDRESS	4020 GALT OCEAN DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ARRUDA, ALAN
STREET ADDRESS	4020 GALT OCEAN DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rose T. Guttman* **Rose T. Guttman** 3/18/98 954-563-2425

CR2E037 (10/97)