

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90066 021 ****61.25

DOCUMENT # 716399

Entity Name
ATLANTIC OCEAN CLUB CONDOMINIUM APARTMENTS, INC.

Principal Place of Business 4020 GALT OCEAN DR LAUDERDALE FL 33308	Mailing Address 4020 GALT OCEAN DR FT LAUDERDALE FL 33308-6543
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LUU4JJUU



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 59-1316714		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent BOGGS, GEORGE 4020 GALT OCEAN DR #105 FT LAUDERDALE FL 33308				7. Name and Address of New Registered Agent Name ROSE L. GUTTMAN Street Address (P.O. Box Number is Not Acceptable) 4020 GALT OCEAN DRIVE City FORT LAUDERDALE FL Zip Code FL			
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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: *Rose L. Guttman* **ROSE L. GUTTMAN, PRESIDENT** 3/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing (Trust Fund Contribution) <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
DELETE	S DILLON, ROBERT STREET ADDRESS 4020 GALT OCEAN DR CITY-ST-ZIP FT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE	T CAPALDI, ANTHONY STREET ADDRESS 4020 GALT OCEAN DR CITY-ST-ZIP FT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE	VP COCKMAN, MADISON H STREET ADDRESS 4020 GALT OCEAN DR CITY-ST-ZIP FT LAUDERDALE, FL 00000	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE	PD GUTTMAN, ROSE STREET ADDRESS 4020 GALT OCEAN DR CITY-ST-ZIP FT LAUDERDALE, FL 00000	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE	D PERRY, PAUL STREET ADDRESS 4020 GALT OCEAN DRIVE CITY-ST-ZIP FORT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE	D FOSTER, PAUL D STREET ADDRESS 4020 GALT OCEAN DRIVE CITY-ST-ZIP FORT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Rose L. Guttman* **ROSE L. GUTTMAN** 954-563-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/16/00 Daytime Phone #

CR2E037 (9/99)