## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am Secretary of State **DOCUMENT # 716399** 1. Entity Name ATLANTIC OCEAN CLUB CONDOMINIUM APARTMENTS, INC. 05-02-2002 90027 030 \*\*\*\*61.25 Principal Place of Business Mailing Address 4020 GALT OCEAN DR 4020 GALT OCEAN DR FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1316714 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHULTZ, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4020 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition PENATELLO, JOSEPH NAME NAME STREET ADDRESS 4020 GALT OCEAN DR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change CAPALDI, ANTHONY NAME NAME 4020 GALT OCEAN DR STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE" Delete TITLÉ ☐ Change ☐ Addition COCKMAN, MADISON H NAME NAME 4020 GALT OCEAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP PD TIT! F Delete TITLE ☐ Change ☐ Addition **GUTTMAN, ROSE** NAME NAME 4020 GALT OCEAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition COOK; TERRY NAME NAME RICHARD LONGSTRETH **4020 GALT OCEAN DRIVE** STREET ADDRESS STREET ADDRESS 4020 GALT OCEAN DR CITY-ST-ZIP FORT L'AUDERDALE FL CITY-ST-ZIP FT LAUDERDALE, FL TITLE ☐ Delete TITLE X Change Addition FOSTER, PAUL D NAME FOSTER, PAUL D NAME 4020 GALT OCEAN DRIVE STREET ADDRESS 4020 GALT OCEAN DR STREET ADDRESS CITY-ST-7IE FORT LAUDERDALE FL CITY-ST-ZIP FT LAUDERDALE, FL 12. I hereby certify that the information supplied with this filling 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 received 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/16/02

954-563-2425

FILED