


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90062 012 \*\*\*\*61.25

**DOCUMENT # 716399**

1. Entity 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**

**94003839**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1316714** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCHULTZ, ROBERT  
 4020 GALT OCEAN DRIVE  
 FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PENATELLO, JOSEPH</b> <b>4020 GALT OCEAN DR</b> <b>FT LAUDERDALE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CAPALDI, ANTHONY</b> <b>4020 GALT OCEAN DR</b> <b>FT LAUDERDALE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONGSTRETH, RICHARD</b> <b>4020 GALT OCEAN DR</b> <b>FT LAUDERDALE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GUTTMAN, ROSE</b> <b>4020 GALT OCEAN DR</b> <b>FT LAUDERDALE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, TERRY</b> <b>4020 GALT OCEAN DRIVE</b> <b>FORT LAUDERDALE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FOSTER, PAUL D</b> <b>4020 GALT OCEAN DRIVE</b> <b>FORT LAUDERDALE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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:** Anthony Capaldi **ANTHONY CAPALDI** 1/28/04 954-563-2425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
# 716399  
44005839



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 20, 2004

ATLANTIC OCEAN CLUB CONDOMINIUM APARTMENTS, INC.  
4020 GALT OCEAN DR  
FT LAUDERDALE, FL 33308

SUBJECT: ATLANTIC OCEAN CLUB CONDOMINIUM APARTMENTS, INC.  
Ref. Number: 716399

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We have received your document for ATLANTIC OCEAN CLUB CONDOMINIUM APARTMENTS, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 204A00003405