
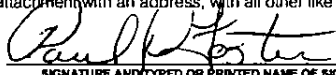


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90160 041 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1316714	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANTIAGO, HERBERT 4020 GALT OCEAN DRIVE FT LAUDERDALE, FL 33308			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PENATELLO, JOSEPH	NAME			
STREET ADDRESS	4020 GALT OCEAN DR	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPALDI, ANTHONY	NAME			
STREET ADDRESS	4020 GALT OCEAN DR	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONGSTRETH, RICHARD	NAME			
STREET ADDRESS	4020 GALT OCEAN DR	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUTTMAN, ROSE L	NAME	DANIEL J PACE		
STREET ADDRESS	4020 GALT OCEAN DR	STREET ADDRESS	4020 GALT OCEAN DR		
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP	FT LAUDERDALE, FL 33308		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KREVI, ROBERT	NAME	MARION SCALA		
STREET ADDRESS	4020 GALT OCEAN DRIVE	STREET ADDRESS	4020 GALT OCEAN DR		
CITY-ST-ZIP	FORT LAUDERDALE, FL	CITY-ST-ZIP	FT LAUDERDALE, FL 33308		
TITLE	VP <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, PAUL D	NAME			
STREET ADDRESS	4020 GALT OCEAN DRIVE	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		PAUL D FOSTER		4/21/06 954-563-2425	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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