


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90030 045 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1316714	
Zip	Country	Zip	Country	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENATELLO, JOSEPH		NAME	MARINGER, GEORGE	
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	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPALDI, ANTHONY		NAME	CAPALDI, ANTHONY	
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	LONGSTRETH, RICHARD		NAME	MALEBRANCHE, YOLANDE	
STREET ADDRESS	4020 GALT OCEAN DR		STREET ADDRESS	4020 GALT OCEAN DR, FT LAUDERDALE, FL	
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, DANIEL J		NAME	ZENNI, TRUDY PRICKETT	
STREET ADDRESS	4020 GALT OCEAN DR		STREET ADDRESS	4020 GALT OCEAN DR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		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	SCALA, MARION		NAME	SALCE, ANTHONY	
STREET ADDRESS	4020 GALT OCEAN DRIVE		STREET ADDRESS	4020 GALT OCEAN DR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input 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: <i>Joseph Penatello</i>			Date: 3/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 954-563-4425		