

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750991** (2)

1. Corporation Name

ATLANTIC GARDENS OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**8401 N ATLANTIC AVENUE
CAPE CANAVERAL FL 32920**

**8401 N ATLANTIC AVENUE
CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified
02/11/1980

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-2059113

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASZAK, ERNEST A
425 GRANT AVE.
SATELLITE BEACH FL 32937**

81 Name
BASZAK, ERNEST A.
82 Street Address (P.O. Box Number is Not Acceptable)
8401 N. Atlantic Ave. B-13
83
84 City
Cape Canaveral FL 85 Zip Code
32920

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Ernest A. Baszak* *President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

3-19-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BASZAK, ERNEST A	
STREET ADDRESS	425 GRANT AVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WITHEROW, HAROLD	
STREET ADDRESS	8401 N ATLANTIC AVE., #F-2	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LONGMIRE, KARL	
STREET ADDRESS	8401 N ATLANTIC AVE., #D-3	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baszak, Ernest A.	
1.3 STREET ADDRESS	8401 N. Atlantic Ave. B-13	
1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ward, Rose S.	
3.3 STREET ADDRESS	8401 N. Atlantic Ave. I-2	
3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ernest A. Baszak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96 785-1611
DATE Daytime Phone #

CR2E037 (12/95)