

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90058 003 ****61.25

DOCUMENT # 750991

1. Entity 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 32920-3529**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2059113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STALLARD, ALLEN L
 8401 N ATLANTIC AVE D-2
 CAPE CANAVERAL FL 32920**

Name

Jack Roby SR.

Street Address (P.O. Box Number is Not Acceptable)

8401 N. Atlantic Ave. L-8

City

Cape Canaveral

FL

Zip Code
32920

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

Jack W. Roby Sr.

April 4, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	STALLARD, ALLEN L	
STREET ADDRESS	8401 N ATLANTIC AVE D-2	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORNELL, HAROLD J.	
STREET ADDRESS	8401 N. ATLANTIC AVE., #H-10	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAILE, BARBARA	
STREET ADDRESS	8401 N ATLANTIC AVE, #H-9	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KEEFE, HELEN	
STREET ADDRESS	8401 N ATLANTIC AVE J-9	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Roby Sr.	
STREET ADDRESS	8401 N. Atlantic Ave. L-8	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold J. Cornell	
STREET ADDRESS	8401 N. Atlantic Ave. H-10	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen L Stallard	
STREET ADDRESS	8401 N. Atlantic Ave. D-2	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Reeves	
STREET ADDRESS	8401 N. atlantic Ave. K-5	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jack W. Roby Sr.

4-4-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)