

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90070 013 \*\*\*\*61.25

0009683

**DOCUMENT # 750991**

1. Entity Name

**ATLANTIC GARDENS OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>8401 N ATLANTIC AVENUE CAPE CANAVERAL FL 32920</b>	Mailing Address <b>8401 N ATLANTIC AVENUE CAPE CANAVERAL FL 32920</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2059113</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE Allen L. Stallard Allen L. Stallard 25 MAR 02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HOLYFIELD, JIMMY</b>	
STREET ADDRESS <b>8401 NORTH ATLANTIC AVENUE L-16</b>	
CITY-ST-ZIP <b>CAPE CANAVERAL FL 32920</b>	
TITLE <b>VTD</b>	<input type="checkbox"/> Delete
NAME <b>CORNELL, HAROLD J.</b>	
STREET ADDRESS <b>8401 N. ATLANTIC AVE., #H-10</b>	
CITY-ST-ZIP <b>CAPE CANAVERAL FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>STALLARD, ALLEN L</b>	
STREET ADDRESS <b>8401 N ATLANTIC AVE D2</b>	
CITY-ST-ZIP <b>CAPE CANAVERAL FL 32920</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>REEVES, DOROTHY</b>	
STREET ADDRESS <b>8401 N ATLANTIC AVE K-5</b>	
CITY-ST-ZIP <b>CAPE CANAVERAL FL</b>	
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 <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Dailey, Audrey</b>	
STREET ADDRESS <b>8401 N. Atlantic Ave H-13</b>	
CITY-ST-ZIP <b>Cape Canaveral, FL 32920</b>	
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	
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: Allen L. Stallard Allen L. Stallard 25 MAR 02 (321) 868-7899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)