SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:15

DOCUMENT # **N23909** **(7)**

1. Corporation Name
ATLANTIC EAST CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6170-A1A SOUTH 6170 A1A SOUTH ST. AUGUSTINE FL 32084	6170-A1A SOUTH 6170 A1A SOUTH ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified: **12/16/1987**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-2858726** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TRUETT, CHUCK
6170 A-1-A SOUTH #306
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: ELLEN MOSHER
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6170 A-1-A South #313
84 City: ST AUGUSTINE **FL** 85 Zip Code: 32084

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: Ellen H Mosher ELLEN H MOSHER TREASUER 6/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	WHEELER, LAWRENCE	12 NAME	GOOD, HARRY
STREET ADDRESS	6170 A1A SOUTH	13 STREET ADDRESS	6170 A-1-A SOUTH #309
CITY-ST-ZIP	ST AUGUSTINE FL	14 CITY-ST-ZIP	ST AUGUSTINE FL 32084
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	MOSHER, ELLEN	22 NAME	
STREET ADDRESS	6170 A-1-A SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	GOOD, HARRY	32 NAME	GLANTON, JAMES
STREET ADDRESS	6170 A-1-A SOUTH	33 STREET ADDRESS	6170 A-1-A SOUTH #205
CITY ST ZIP	ST AUGUSTINE FL	34 CITY-ST-ZIP	ST AUGUSTINE FL 32084
TITLE	VD	41 TITLE	VD ☒ Change ☐ Addition
NAME	STEINMETZ, PAUL	42 NAME	WEEKS, HERMAN
STREET ADDRESS	6170 A-1-A SOUTH	43 STREET ADDRESS	6170 A-1-A SOUTH #118
CITY ST ZIP	ST. AUGUSTINE FL	44 CITY ST ZIP	ST AUGUSTINE FL 32084
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	TRUETT, CHUCK	52 NAME	LONDON, JAMES
STREET ADDRESS	6170 A-1-A SOUTH	53 STREET ADDRESS	6170 A-1-A SOUTH #223
CITY ST ZIP	ST. AUGUSTINE FL	54 CITY ST ZIP	ST AUGUSTINE FL 32084
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

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)(i), 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: H. C. Good HARRY C GOOD PRESIDENT 904-471-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001204