

# 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 # N23909 (7)**

1. Corporation Name

**ATLANTIC EAST CONDOMINIUM ASSOCIATION, INC.**



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  
**06/13/1995**

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

**59-2858726**

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

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

**MOSHER, ELLEN  
6170 A-1-A S 313  
ST AUGUSTINE FL 32084**

81 Name  
**JOHN COCHRAN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6170 A-1-A SOUTH**

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GOOD, HARRY  
STREET ADDRESS 6170 A1A S 309  
CITY-ST-ZIP ST AUGUSTINE FL ☐ DELETE

TITLE TD  
NAME MOSHER, ELLEN  
STREET ADDRESS 6170 A-1-A SOUTH  
CITY-ST-ZIP ST. AUGUSTINE FL ☒ DELETE

TITLE SD  
NAME GLANTON, JAMES  
STREET ADDRESS 6170 A-1-A S 205  
CITY-ST-ZIP ST AUGUSTINE FL ☒ DELETE

TITLE VD  
NAME WEEKS, HERMAN  
STREET ADDRESS 6170 A-1-A S 118  
CITY-ST-ZIP ST. AUGUSTINE FL ☐ DELETE

TITLE D  
NAME LONDON, JAMES  
STREET ADDRESS 6170 A-1-A S 223  
CITY-ST-ZIP ST. AUGUSTINE FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE TD  
2.2 NAME NICK FRANKLIN  
2.3 STREET ADDRESS 6170 A-1-A SOUTH #316  
2.4 CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Change ☒ Addition

3.1 TITLE SD  
3.2 NAME DAY WHEELER  
3.3 STREET ADDRESS 6170 A-1-A SOUTH #201  
3.4 CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE D  
5.2 NAME JOHN COCHRAN  
5.3 STREET ADDRESS 6170 A-1-A SOUTH #214  
5.4 CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*John Cochran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN COCHRAN

4/25/96

904-471-9300

Date

Daytime Phone #

CR2E037 (12/95)