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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23909** (7)
1. Corporation Name
ATLANTIC EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6170-A1A SOUTH 6170 A1A SOUTH ST. AUGUSTINE FL 32084	Mailing Address 6170-A1A SOUTH 6170 A1A SOUTH ST. AUGUSTINE FL 32084-7558
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/16/1987	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2858726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COCHRAN, JOHN
6170 A1A S
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name **WEEKS HERMAN**
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. Each 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 *Herman Weeks* **HERMAN WEEKS, TREASURER** 4/18/97
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	<input checked="" type="checkbox"/> DELETE
NAME	GOOD, HARRY	
STREET ADDRESS	6170 A1A S 309	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRANKLIN, NICK	
STREET ADDRESS	6170 A-1-A SOUTH	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, DAY	
STREET ADDRESS	6170 A-1-A S 205	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEEKS, HERMAN	
STREET ADDRESS	6170 A-1-A S 118	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COCHRAN, JOHN	
STREET ADDRESS	6170 A-1-A S 223	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DUERSON, G. KEARNEY	
1.3 STREET ADDRESS	5514 NW 48th PLACE	
1.4 CITY - ST - ZIP	GAINESVILLE FL 32606	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANKLIN, NICK	
2.3 STREET ADDRESS	6170 A-1-A SOUTH	
2.4 CITY - ST - ZIP	ST AUGUSTINE FL 32084	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BOSTWICK, BILL	
3.3 STREET ADDRESS	913 GOLFSIDE DRIVE	
3.4 CITY - ST - ZIP	WINTER PARK FL 32792	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WEEKS HERMAN	
4.3 STREET ADDRESS	6170 A-1-A SOUTH	
4.4 CITY - ST - ZIP	ST AUGUSTINE FL 32084	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SPANIER, JOHN	
5.3 STREET ADDRESS	1712 NW 53rd STREET	
5.4 CITY - ST - ZIP	GAINESVILLE FL 32605	
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 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: *Nick Franklin* **NICK FRANKLIN, PRESIDENT** 4/18/97
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0001336

CR2E037 (9/96)