

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90199 001 \*\*\*\*61.25

**DOCUMENT # N23909**

1. Entity Name

**ATLANTIC EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~ATLANTIC EAST CONDOMINIUM~~  
 6170 A1A SOUTH  
 ST. AUGUSTINE FL 32084  
 US

~~6170 A1A SOUTH~~  
 6170 A1A SOUTH  
 ST. AUGUSTINE FL 32084-7558



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2858726**

Applied For

Not Applicable

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

**COCHRAN, JOHN**  
**6170 A1A S**  
**ST AUGUSTINE FL 32084**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D**  
**DUERSON, KEARNEY G**  
 STREET ADDRESS **5514 NW 48TH PL**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
**FRANKLIN, NICK**  
 STREET ADDRESS **6170 A-1-A SOUTH**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
**NATURALE, VINCENT**  
 STREET ADDRESS **6170 A1A SOUTH**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
**DETLEPSNYRA, MYRA**  
 STREET ADDRESS **6170 A1A SOUTH**  
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE  Change  Addition  
 NAME **DETLEFS MYRA**  
 STREET ADDRESS **6170 A1A SOUTH**  
 CITY-ST-ZIP **ST-AUGUSTINE FL**

TITLE  Delete  
 NAME **VD**  
**NELSON, JOHN**  
 STREET ADDRESS **6170 A1A SOUTH**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Myra Detlefs* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MYRA DETLEFS - Sec'y**  
 1-4-2000  
 Daytime Phone #

CR2E037 (9/99)