


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90038 026 \*\*\*\*61.25

<b>DOCUMENT # N23909</b>					
1. Entity Name ATLANTIC EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ATLANTIC EAST CONDOMINIUM 6170 A1A SOUTH ST. AUGUSTINE, FL 32080-7537 US			Mailing Address P.O. BOX 3544 SAINT AUGUSTINE, FL 32085		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02182008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2858726		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLMES, RICHARD 6170 A1A SOUTH, #323 SAINT AUGUSTINE, FL 32080			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, RICHARD			NAME	
STREET ADDRESS	6170 A1A SOUTH, #323			STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080			CITY-ST-ZIP	
TITLE	VP/D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, JAMES			NAME	
STREET ADDRESS	6170 A1A SOUTH, #223			STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISKO, JAN			NAME	
STREET ADDRESS	6170 A1A SOUTH, #106			STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, KATIE			NAME	
STREET ADDRESS	6170 A1A SOUTH, #118			STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCHMAN, STEPHEN			NAME	
STREET ADDRESS	6578 NW 50TH LN			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32653			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard Holmes</i>		<i>Richard Holmes</i>		2/25/08 (904) 471-9300	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	