


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 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 # **N33658** (8)

1. Corporation Name

ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4601 SO ATLANTIC AVE
PONCE INLET FL 32127
US**

**4601 SO ATLANTIC AVE
PONCE INLET FL 32127-7044
US**



3. Date Incorporated or Qualified **08/11/1989** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2968389	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		<input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAZEAU, ROBERT
4601 SO ATLANTIC AVE
#208
PONCE INLET FL 32127**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 **Robert D. Brazeau**

(NOTE: Registered Agent signature required when removing)

6-19-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAZEAU, ROBERT	1.2 NAME	
STREET ADDRESS	4601 SO ATLANTIC AVE., #208	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ELMER	2.2 NAME	
STREET ADDRESS	4601 SO ATLANTIC AVE., #508	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTIZER, KEITH	3.2 NAME	
STREET ADDRESS	4601 SO ATLANTIC AVE., #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC VATH	4.2 NAME	
STREET ADDRESS	4601 SO ATLANTIC AVE. #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	4.4 CITY-ST-ZIP	
TITLE	MAL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLA VALLE, MARGE	5.2 NAME	
STREET ADDRESS	4601 SO ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)