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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 4801 SO ATLANTIC AVE PONCE INLET FL 32127 US	Mailing Address 4801 SO ATLANTIC AVE PONCE INLET FL 32127 US
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3. Date Incorporated or Qualified 08/11/1989	
4. FEI Number 59-2968389	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? Condo Assoc. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent
BRAZEAU, ROBERT
4801 SO ATLANTIC AVE
#208
PONCE INLET FL 32127

10. Name and Address of New Registered Agent
 81 Name **Richard Moro**
 82 Street Address (P.O. Box Number is Not Acceptable) **4601 S. ATLANTIC AVE # 708**
 83 **PONCE INLET,**
 84 City **FL** 85 Zip Code **32127**

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 **Richard Moro (Board President)** DATE **3/11/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BRAZEAU, ROBERT
STREET ADDRESS	4801 SO ATLANTIC AVE., #208
CITY-ST-ZIP	PONCE INLET FL 32127
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MILLER, ELMER
STREET ADDRESS	4801 SO ATLANTIC AVE., #508
CITY-ST-ZIP	PONCE INLET FL 32127
TITLE	TD <input type="checkbox"/> DELETE
NAME	ALTIZER, KEITH
STREET ADDRESS	4801 SO ATLANTIC AVE., #208
CITY-ST-ZIP	PONCE INLET FL 32127
TITLE	DS <input type="checkbox"/> DELETE
NAME	VATH, ERIC
STREET ADDRESS	4801 SO ATLANTIC AVE. #207
CITY-ST-ZIP	PONCE INLET FL
TITLE	MA <input type="checkbox"/> DELETE
NAME	DELLA VALLE, MARGE
STREET ADDRESS	4801 SO ATLANTIC AVE
CITY-ST-ZIP	PONCE INLET FL 32127
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D President
1.3 STREET ADDRESS	Richard Moro
1.4 CITY-ST-ZIP	4601 So Atlantic Ave. # 708
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Vice Pres. Member At Large
2.3 STREET ADDRESS	Lloyd Beery
2.4 CITY-ST-ZIP	4601 So Atlantic Ave. # 207
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Treas.
3.3 STREET ADDRESS	Marjorie DellaValle
3.4 CITY-ST-ZIP	4601 So Atlantic Ave. # 503
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	(Same)
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Vice-Pres.
5.3 STREET ADDRESS	Keith Altizer
5.4 CITY-ST-ZIP	4601 So Atlantic Ave. # 208
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 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: **Richard Moro PRESIDENT** DATE **3/11/98**

CR2E037 (10/97)