DOCUMENT # N33658

1. Entity Name

ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, IN

FILED

00 MAR -8 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

702462

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 4601 SO ATLANTIC AVE<br>PONCE INLET FL 32127<br>US | 4601 SO ATLANTIC AVE<br>PONCE INLET FL 32127-7044<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2968389 — 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 |
|---|---|
| MORO, RICHARD<br>4601 SO ATLANTIC AVE<br>SUITE 708<br>PONCE INLET FL 32127 | Name: ELMER MILLER<br>Street Address (P.O. Box Number is Not Acceptable): 4601 S. ATLANTIC AVE<br>City: PONCE INLET FL Zip Code: 32127 |

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: Elmer J. Miller — 1/10/00

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 | DP ☑ Delete | TITLE DP | ☑ Change ☐ Addition |
| NAME | MORO, RICHARD | NAME | ELMER MILLER |
| STREET ADDRESS | 4601 S ATLANTIC AVE, #708 | STREET ADDRESS | 4601 S. ATLANTIC AVE. |
| CITY-ST-ZIP | PONCE INLET FL 32127 | CITY-ST-ZIP | PONCE INLET FL 32127 |
| TITLE | DMP ☑ Delete | TITLE DMP | ☑ Change ☐ |
| NAME | BEERY, LLOYN | NAME | MIKE CONLAN |
| STREET ADDRESS | 4601 S ATLANTIC AVE, #207 | STREET ADDRESS | 1733 FOUNTAINHEAD DR. |
| CITY-ST-ZIP | PONCE INLET FL 32127 | CITY-ST-ZIP | LAKE MARY, FL 32746 |
| TITLE | DT ☐ Delete | TITLE | ☐ Change ☐ |
| NAME | KELLEY, JOE | NAME | 900003170129--6 |
| STREET ADDRESS | 4601 S. ATLANTIC AVE. | STREET ADDRESS | -03/14/00--01126--032 |
| CITY-ST-ZIP | PONCE INLET FL 32127 | CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ |
| NAME | VATH, ERIC | NAME | |
| STREET ADDRESS | 4601 SO ATLANTIC AVE. #207 | STREET ADDRESS | |
| CITY-ST-ZIP | PONCE INLET FL | CITY-ST-ZIP | |
| TITLE | VDP ☑ Delete | TITLE D | MARGE DELLAVALLE ☑ Change ☐ |
| NAME | MILLER, ELMER | NAME | |
| STREET ADDRESS | 4601 S. ATLANTIC AVE. | STREET ADDRESS | PO BOX 354 |
| CITY-ST-ZIP | PONCE INLET FL 32127 | CITY-ST-ZIP | HAMPDEN, MA. 01036 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ |
| 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 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: Elmer J. Miller — 1/10/00 — 904-788-7780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #