

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90048 013 *****61.25

0001550

DOCUMENT # N33658

1. Entity 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
 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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONLAN, MIKE
1733 FOUNTAINHOOD DRIVE
LAKE MARY FL 32712

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 **DT** ☐ Delete
 NAME **KNDLEBERGER, LOU**
 STREET ADDRESS **4601 SO ATLANTIC AVE**
 CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **CONLAN, MIKE**
 STREET ADDRESS **1733 FOUNTAINHEAD DR.**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **KELLEY, JOE**
 STREET ADDRESS **4601 S. ATLANTIC AVE.**
 CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **D** ☒ Change ☐ Addition
 NAME **DOLORES YORK**
 STREET ADDRESS **4601 S. ATLANTIC AVE**
 CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE **DS** ☐ Delete
 NAME **VATH, ERIC**
 STREET ADDRESS **4601 SO ATLANTIC AVE. #207**
 CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VMP** ☒ Delete
 NAME **NOONAN, ROGER**
 STREET ADDRESS **871 GOLF VALLEY DRIVE**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☒ Change ☐ Addition
 NAME **ELAIN JOTZ**
 STREET ADDRESS **4601 S. ATLANTIC AVE**
 CITY-ST-ZIP **PONCE INLET, FL 32127**

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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)