

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90035 004 \*\*\*\*61.25

**DOCUMENT # N33658**

1. Entity Name

ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

4601 SO ATLANTIC AVE  
PONCE INLET FL 32127  
US

Mailing Address

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

6. Name and Address of Current Registered Agent

KINDLEBERGER, L.  
4601 S. ATLANTIC AVE.  
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**

**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME KINDLEBERGER, LOU  
STREET ADDRESS 4601 S. ATLANTIC AVE. #608  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE DP ☐ Delete  
NAME FOX, DON  
STREET ADDRESS 12473 SE 93RD CT. RD.  
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE D ☒ Delete  
NAME JONES, JOHN  
STREET ADDRESS 354 LAKEVIEW ST.  
CITY-ST-ZIP ORLANDO FL 32804

TITLE DV ☐ Delete  
NAME MERRELL, J  
STREET ADDRESS 109 ASHFORD DR.  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☐ Delete  
NAME HILBRICH, P.  
STREET ADDRESS 107 AMBERWOOD CT.  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME DON MARTIN  
STREET ADDRESS 14104 BRAMBLE BUSH COURT  
CITY-ST-ZIP ORLANDO, FL 32832

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

TITLE ☐ Change ☐ Addition  
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 address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40005547



1st MOORE

CR2E037 (10/04)

4. FEI Number 59-2968389

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required