

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90122 016 \*\*\*\*61.25

**DOCUMENT # N33658**

1. Entity Name

**ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, IN C.**



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

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

**CONLAN, MIKE  
1733 FOUNTAINHOOD DRIVE  
LAKE MARY FL 32712**

7. Name and Address of New Registered Agent

Name **L. KINDLEBERGER**

Street Address (P.O. Box Number is Not Acceptable)

**4601 S. ATLANTIC AVE**

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. 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**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DT	KNDLEBERGER, LOU	4601 SO ATLANTIC AVE	PONCE INLET FL 32127	<input type="checkbox"/>
DP	CONLAN, MIKE	1733 FOUNTAINHEAD DR.	LAKE MARY FL 32746	<input checked="" type="checkbox"/>
D	YORK, DOLORES	4601 S. ATLANTIC AVE.	PONCE INLET FL 32127	<input type="checkbox"/>
DS	VATH, ERIC	4601 SO ATLANTIC AVE. #207	PONCE INLET FL 32127	<input checked="" type="checkbox"/>
D	JOTZ, ELAIN	4601 S ATLANTIC AVE	PONCE INLET FL 32127	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	L. KINDLEBERGER	4601 S. ATLANTIC AVE #608	PONCE INLET, FL 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DON FOX	12473 SE 93rd CT. Rd.	SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DS	DOLORES YORK	4601 S. ATLANTIC AVE. #603	PONCE INLET, FL. 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	J. MERRELL	109 ASHFORD DR.	WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	HILBRICH	107 AMBERWOOD CT	LONGWOOD, FL. 32779	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1/14/03

CR2E037 (10/02)