

FILED
May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N96000003618
 1. Corporation Name
ATLANTIC PRINCESS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
3120 COLLINS AVENUE MIAMI BEACH, FL 33139

Mailing Address
3120 COLLINS AVENUE MIAMI BEACH, FL 33139

3. Date incorporated or Qualified **1/1999** 3a. Date of Last Report

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

4. FEI Number **65-0719095** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GREENSPOON, MARDER, HIRSCHFELD
 RAFKIN, ROSS & BERGER, P.A.
 TRADE CENTER SOUTH-SUITE 700
 100 W CYPRESS CREEK ROAD
 FORT LAUDERDALE, FL 33309**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | RING, BRUCE | |
| STREET ADDRESS | 3120 COLLINS AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ELLIOTT, MELODY | |
| STREET ADDRESS | 3120 COLLINS AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | P/VP/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GAMEL, JOEL M. | |
| 1.3 STREET ADDRESS | 3120 COLLINS AVENUE | |
| 1.4 CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | PIERRE, JUNIOR | |
| 2.3 STREET ADDRESS | 3120 COLLINS AVENUE | |
| 2.4 CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | GAMEL, IKE | |
| 3.3 STREET ADDRESS | 1100 Collins Ave. | |
| 3.4 CITY-ST-ZIP | Miami Beach, FL 33139 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

Handwritten signature
 5/29/97

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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 was in Block 12 or Block 13 if changed, or on an attachment with an address.

ATTN: SIGNATURE REQUIRED