

FILE NOW: FILING FEE IS \$61.25

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**Jul 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000003618 (3)
1. Corporation Name
ATLANTIC PRINCESS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3120 COLLINS AVENUE MIAMI BEACH FL 33139 3120 COLLINS AVENUE MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 07/09/1996
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 9745 SW 72 Street 26 P.O. Box 83-2557
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 211 27
City & State City & State
23 Miami, FL 28 Miami, FL
Zip Country Zip Country
24 33173 25 Dade 29 33283 30 Dade

9. Name and Address of Current Registered Agent
GREENSPOON, MARDER, HISCHFELD, ET. AL.
TRADE CENTRE SOUTH - SUITE 700
100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
81 Name Carlos A. Ramirez
82 Street Address (P.O. Box Number Is Not Acceptable) c/o Complete And Reliable Prop. Mngt.
83 9745 SW 72 Street, Suite 211
84 City Miami FL 85 Zip Code 33173

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 [Signature] DATE 7-9-98

12. OFFICERS AND DIRECTORS

TITLE	PVPD	<input checked="" type="checkbox"/> DELETE
NAME	GAMEL, JOEL M	
STREET ADDRESS	3120 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIERRE, JUNIOR	
STREET ADDRESS	3120 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAMEL, IKE	
STREET ADDRESS	1100 COLLINS AVE	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jacas, Antonia (PD)	
1.3 STREET ADDRESS	3120 Collins Ave., #207	
1.4 CITY-ST-ZIP	Miami Beach, FL 33140	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Zaldivar, Farah	
2.3 STREET ADDRESS	4540 SW 94 Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33165	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tresuerer	
3.3 STREET ADDRESS	Donilla, Sergio Dr.	
3.4 CITY-ST-ZIP	18180 SW 83 Court Miami, FL 33157	
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		

14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature]

CR2E037 (10/97)