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**Sep 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N 96000003618**
1. Corporation Name
ATLANTIC PRINCESS CONDOMINIUM ASSOCIATION, INC.

Amendment

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified
07/09/96

4. FEI Number
65-0719095

Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **3120 Collins Avenue** 26 **P.O. Box 83-2557**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Miami Beach, FL** 27 **Miami, FL**

City & State City & State

23 **Miami Beach, FL** 28 **Miami, FL**

Zip Country Zip Country

24 **33139** 25 **Dade** 29 **33283** 30 **Dade**

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

9. Name and Address of Current Registered Agent

Greenspoon, Marder, Hirschfeld, ET, AL
Trade Centre-South- Suite 700
100 West Cypress Creek Road
Ft. Lauderdale, FL 33309

10. Name and Address of New Registered Agent

81 Name
c/o Complete And Reliable Prop. Mgmt

82 Street Address (P.O. Box Number is Not Acceptable)
9745 SW 72 Street

83
Suite 211

84 City
Miami

85 Zip Code
FL 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 617.0502, Florida Statutes.

SIGNATURE **Complete And Reliable Prop. Mgmt. Charles A. King** DATE **8/26/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PVPD	NAME Gamel, Joel M.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3120 Collons Avenue		
CITY-ST-ZIP Miami Beach, FL 33139		
TITLE D	NAME Pierre, Junior	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3120 Collins Avenue		
CITY-ST-ZIP Miami Beach, FL 33139		
TITLE D	NAME Gamel, Ike	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1100 Collins Avenue		
CITY-ST-ZIP Miami Beach, FL 33139		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	NAME President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME D	Jacas, Antonia	
1.3 STREET ADDRESS 3120 Collins Avenue, #207		
1.4 CITY-ST-ZIP Miami Beach, FL 33139		
2.1 TITLE T	NAME Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME D	Zaldivar, Farah	
2.3 STREET ADDRESS 4540 SW 94 Avenue		
2.4 CITY-ST-ZIP Miami, FL 33165		
3.1 TITLE S	NAME Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME D	Dr., Bonilla, Sergio	
3.3 STREET ADDRESS 18180 SW 83 Court		
3.4 CITY-ST-ZIP Miami, FL 33157		
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: **Farah Zaldivar** DATE: **7-28-98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #