FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02676 (7)

1. Corporation Name
LE ATLANTICO CONDOMINIUM ASSOC., INC.

Principal Place of Business	Mailing Address
1404 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118	1404 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1984
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2495464 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TODD REALTY & MANAGEMENT INC
1401 N. ATLANTIC AVE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Lynam 4-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WHEELER, WAYNE	1.2 NAME	John Lynam	
STREET ADDRESS	603 14TH STREET NE	1.3 STREET ADDRESS	1404 N. Atlantic #23	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	LYNAM, JOHN	2.2 NAME	David Schoelles	
STREET ADDRESS	1404 N ATLANTIC AVE #23	2.3 STREET ADDRESS	11609 English Elm Dr.	
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	New Port Richie, FL 34654	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DISTASO, VIRGINA	3.2 NAME		
STREET ADDRESS	102 EASTRIDGE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	NORDEN, BECKY	4.2 NAME		
STREET ADDRESS	2900 N ATL AVE #901	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John Lynam 4-21-95 904-253-2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000486