

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified

**04/23/1984**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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, 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

☐ DELETE

NAME

**LYNAM, JOHN**

STREET ADDRESS

**1404 N. ATLANTIC #23**

CITY-ST-ZIP

**DAYTONA BEACH FL**

TITLE

VD

☐ DELETE

NAME

**LYNAM, JOHN**

STREET ADDRESS

**1404 N ATLANTIC AVE #23**

CITY-ST-ZIP

**DAYTONA BCH FL**

TITLE

SD

☐ DELETE

NAME

**DISTASO, VIRGINIA**

STREET ADDRESS

**102 EASTRIDGE DR**

CITY-ST-ZIP

**EUSTIS FL**

TITLE

TD

☐ DELETE

NAME

**NORDEN, BECKY**

STREET ADDRESS

**2900 N ATL AVE #901**

CITY-ST-ZIP

**DAYTONA BCH FL**

TITLE

VD

☐ DELETE

NAME

**SCHOELLES, DAVID**

STREET ADDRESS

**11609 ENGLISH ELM DR.**

CITY-ST-ZIP

**NEW PORT RICHIE FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Becky Norden* *Becky Norden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/96*

Date

*839-0903*

Daytime Phone #

CR2E037 (12/95)