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FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 321181404 N. ATLANTIC AVENUE
DAYTONA BEACH FL 32118-35783. Date Incorporated or Qualified
04/23/19843a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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

TITLE PD
NAME LYNAM, JOHN
STREET ADDRESS 1404 N. ATLANTIC #23
CITY-ST-ZIP DAYTONA BEACH FL
☒ DELETETITLE VD
NAME LYNAM, JOHN
STREET ADDRESS 1404 N ATLANTIC AVE #23
CITY-ST-ZIP DAYTONA BCH FL
☒ DELETETITLE SD
NAME DISTASO, VIRGINIA
STREET ADDRESS 102 EASTRIDGE DR
CITY-ST-ZIP EUSTIS FL
☒ DELETETITLE TD
NAME NORDEN, BECKY
STREET ADDRESS 2800 N ATL AVE #901
CITY-ST-ZIP DAYTONA BCH FL
☐ DELETETITLE VD
NAME SCHOEELLES, DAVID
STREET ADDRESS 11609 ENGLISH ELM DR.
CITY-ST-ZIP NEW PORT RICHEY FL
☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME SCHOEELLES, DAVID
1.3 STREET ADDRESS 11609 ENGLISH ELM DRIVE
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL
☒ Change ☐ Addition2.1 TITLE VD
2.2 NAME GIESEL, JR., EDWARD
2.3 STREET ADDRESS 2630 INDUSTRIAL PARK DRIVE
2.4 CITY-ST-ZIP LAKELAND, FL
☒ Change ☐ Addition3.1 TITLE SD
3.2 NAME MILNE-GOETZ, RAE
3.3 STREET ADDRESS 1407 ARTHUR STREET
3.4 CITY-ST-ZIP ORLANDO, FL
☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 4002279

CP2E037 (9/96)

FILED
May 20 1997 8:00am
Secretary of State