

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02676** (7)
1. Corporation Name
LE ATLANTICO CONDOMINIUM ASSOC., INC.



Principal Place of Business 1404 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118	Mailing Address 1404 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118
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3. Date Incorporated or Qualified 04/23/1984
4. FEI Number 59-2495464
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 THE REAL ESTATE SHOPPE
82 Street Address (P.O. Box Number is Not Acceptable) 374 SO. ATLANTIC AVE.
83 City ORMOND BEACH, FL 32176
84 Zip Code FL

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 *James W. Baker* *The Real Estate Shoppe* *3/25/98*
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	<input type="checkbox"/> DELETE
NAME SCHOELLES, DAVID	
STREET ADDRESS 11809 ENGLISH ELM DRIVE	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME GIESEL, JR E	
STREET ADDRESS 2630 INDUSTRIAL PARK DRIVE	
CITY-ST-ZIP LAKELAND FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME MILNE-GOETZ, RAE	
STREET ADDRESS 1407 ARTHUR ST	
CITY-ST-ZIP ORLANDO FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME NORDEN, BECKY	
STREET ADDRESS 2900 N ATL AVE #801	
CITY-ST-ZIP DAYTONA BCH FL	
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 type="checkbox"/> Addition
1.2 NAME Edward Giesel, Jr.	
1.3 STREET ADDRESS 2630 Industrial Park Dr.	
1.4 CITY-ST-ZIP LAKELAND, FLORIDA 33801	
2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JAMES BREARTON	
2.3 STREET ADDRESS 9 BRENTWOOD AVENUE	
2.4 CITY-ST-ZIP TROY, NEW YORK 12180	
3.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME RAE MILNE-GOETZ	
3.3 STREET ADDRESS 1407 ARTHUR STREET	
3.4 CITY-ST-ZIP ORLANDO, FL 32804	
4.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Walter Cross	
4.3 STREET ADDRESS Box 283 A-Hilltop Rd.	
4.4 CITY-ST-ZIP East Greenbush, NY 12061	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME 600002476206	
5.3 STREET ADDRESS -04/02/98--01006--012	
5.4 CITY-ST-ZIP ***61.25	
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: *E. W. Morham* *1-30-98* *941-646-5700*

CR2E037 (10/97)