

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23909** (7)
1. Corporation Name
ATLANTIC EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business HERMAN WEEKS 6170 A1A SOUTH ST. AUGUSTINE FL 32084 US	Mailing Address 6170-A1A SOUTH 6170 A1A SOUTH ST. AUGUSTINE FL 32084
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3. Date Incorporated or Qualified 12/16/1987	
4. FEI Number 59-2858726	Applied For <input type="checkbox"/> Not Applicable
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	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COCHRAN, JOHN
6170 A1A S
ST AUGUSTINE FL 32084

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	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	DUERSON, KEARNEY G
CITY-ST-ZIP	5514 NW 48TH PL
	GAINESVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD
STREET ADDRESS	FRANKLIN, NICK
CITY-ST-ZIP	6170 A-1-A SOUTH
	ST. AUGUSTINE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD
STREET ADDRESS	BOSTWICK, BILL
CITY-ST-ZIP	913 GOLFSIDE DR
	WINTER PARK FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD
STREET ADDRESS	WEEKS, HERMAN
CITY-ST-ZIP	6170 A-1-A S 118
	ST. AUGUSTINE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD
STREET ADDRESS	SPAINER, JOHN
CITY-ST-ZIP	1712 NW 63RD SG
	GAINESVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TREASURER D
1.3 STREET ADDRESS	NATURALE, VALENT
1.4 CITY-ST-ZIP	6170 A1A SOUTH
	ST AUGUSTINE, FL 32084
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY D
2.3 STREET ADDRESS	DETLEFS, MYRA
2.4 CITY-ST-ZIP	6170 A1A SOUTH
	ST. AUGUSTINE, FL 32084
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	NELSON, JOHN
3.4 CITY-ST-ZIP	6170 A1A SOUTH
	ST. AUGUSTINE, FL 32084
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:



4-17-98

CP2E037 (10/97)