FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N02676

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

UNIT 6

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90131 005 ****61.25



Principal Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 04/23/1984			
Suite, Apt. 1	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	olied For	
	.,	27			59-2495464	No	Applicable	
City & State City & State					5. Certificate of Status Desired	- \$8.75 Additional Fee Required		
Zip	Country	Zip	Count	ry	6. Election Campaign Financing	\$5.00	May Be	
25 29 30					Trust Fund Contribution	Added to	•	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	lered Agent		
			8	1 Name				
THE REAL ESTATE SHOPPE				2 Street Ad	dmon (B.O. Boy Number is Not Acceptable)			
374 SO. ATLANTIC AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
ORMOND BEACH FL 32176				3	,			
ORIVIOID I	BEAUTITE 02170		-	<u> </u>		85 Zip C	'ada	
			8	4 City		FL 85 Zip C	oue	
· Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abo	ve-named co	rporation submits this statement for the purpo	se of changing its	registered	
office or re	egistered agent, or both, in the State of	f Florida. Such change was auth one of Section 617 0563. Florida	norized b a Statute	y the corpora	tion's board of directors. I hereby accept the	appointment as req	jistered	
	• (/2 / ///	ons gr, oddgon o'r igado, riona	o own		,	111919	9	
SMA LOHE	Signature, pred or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ag	ent signature requ	ired when reinstating) DA			
	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12,	
	VD	DELETE	1.1 TITLE			Change	Addition	
_ [BREARTON, JAMES		1.2 NAM	:				
्रा ALIUNESS	9 BRENTWOOD AVENUE		1.3 STRE	ET ADDRESS			•	
ST-ZP	TROY NY 12180		1.4 CITY	ST-ZIP		•		
	PD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
Ì	GIESEL, EDWARD JR		2.2 NAME	: 1				
I ADDRESS	2630 INDUSTRIAL PARK DRIVE		2.3 STRE	ET ADDRESS				
	LAKELAND FL 33801		2.4 CITY	-ST-ZIP				
	SD SD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
)	MILNE-GOETZ, RAE		3.2 NAMI	. 1				
··_: ADDAESS	1407 ARTHUR ST	ı	3.3 STRE	ET ADDRESS				
ST-ZIP	ORLANDO FL 32804		3.4, CITY					
31-24	TD	☐ DELETE	4.1 TITLE			☐ Change	Addition	
1	CROSS, WALTER		4. 2 NAM	E				
- - ALKUHESS	BOX 283 A-HILLTOP RD.		4	ET ADDRESS				
ST-ZIP	EAST GREENBUSH NY 12061		4.4 C/TY-					
V1-2H	DIO: GILLINGOIT IN 12001	☐ DELETE	5.1 TITLE			☐ Change	Addition	
		I	5.2 NAM					
- FADDRESS			5.3 STRE	ET ADDRESS				
ST ZIP			5.4 C/TY-	ST-ZIP		•		
		☐ DELETE	6.1 TTLE			☐ Change	Addition	
		_ · · · · i	6.2 NAM	:				
. 21777557			6.3 STRE	ET ADDRESS				
: AUDRESS			6.4 CITY					
ST ZIP			9.7 0111	G1-AD7				

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, with all other like empowered.