

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

03-08-2007 90001 039 ****61.25

DOCUMENT # N02676 1. Entity Name LE ATLANTICO CONDOMINIUM ASSOC., INC.					
Principal Place of Business 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-5228			Mailing Address 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117-5228		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222007 Chg-NP CRZE037 (12/06)	
Zip		Country		4. FEI Number 59-2495464	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALL FLORIDA REALTY SERVICES, INC. 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-naming) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAVENS, JUDITH 10098 W. 147TH STREET ORLANDO PARK, IL 60482	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MELAHN, SCOTT 8N903 KOSHARE CIRCLE ELGIN, IL 60123	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENZI, STEVEN 650 FAIRVILLA ROAD ORLANDO, FL 32808	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIEBECK, ALBERT 32141 WOLF BRANCH LANE SORRENTO, FL 32778	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROSS, WALTER BOX 568 NEWLEBANON, NY 12125	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Begeal, Mark 1080 Shackney Drive Ormond Beach, FL 32174	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 647, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>OK mpr</u> <u>468 M... ..</u> <u>3867606000</u>					