2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007
Secretary of State

DOCUMENT# N06000006211

Entity Name: 1312-1314 ATLANTIC DRIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1312-1314 ATLANTIC DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1312-1314 ATLANTIC DRIVE
KEY WEST, FL 33040

New Mailing Address:

PO BOX 1146
KEY WEST, FL 33040

FEI Number: 20-5038536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STONES, ADELE VIRGINIA
221 SIMONTON ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

NICHOLS, JAMES A
522 SOUTHARD STREET
KEY WEST, FL 33040 US

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.

SIGNATURE: JAMES A. NICHOLS 07/31/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: NICHOLS, JAMES A
Address: 522 SOUTHARD STREET
City-St-Zip: KEY WEST, FL 33040

Title: DVPS ( ) Delete
Name: KESAR, DAVID M
Address: 522 SOUTHARD STREET
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: KESAR, AMANDA
Address: 522 SOUTHARD STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. NICHOLS DPT 07/31/2007
Electronic Signature of Signing Officer or Director Date