

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006211

FILED  
Aug 23, 2008  
Secretary of State

**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:**

PO BOX 1146  
KEY WEST, FL 33040

**New Mailing Address:**

**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:**

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

**Name and Address of New Registered Agent:**

NICHOLS, JAMES A  
1314 ATLANTIC DR.  
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: \_\_\_\_\_

08/23/2008

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: DPT (X) Change ( ) Addition  
Name: NICHOLS, JAMES A  
Address: 1314 ATLANTIC DR.  
City-St-Zip: KEY WEST, FL 33040

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

08/23/2008

Electronic Signature of Signing Officer or Director

Date