

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716399

**Entity Name:** ATLANTIC OCEAN CLUB CONDOMINIUM APARTMENTS, INC.

**FILED**  
**Jan 29, 2024**  
**Secretary of State**  
**9417417848CC**

**Current Principal Place of Business:**

4020 GALT OCEAN DR  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

4020 GALT OCEAN DR  
FT LAUDERDALE, FL 33308 US

**FEI Number: 59-1316714**

**Certificate of Status Desired: No**

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

BETH LINDIE, ESQ.  
400 SOUTHEAST 6TH STREET  
FORT LAUDERDALE, FL 33301-3178 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: BETH LINDIE**

**01/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SCHLESINGER, ALAN  
Address        4020 GALT OCEAN DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           GOVERNOR  
Name           ARNESON, MARGARET  
Address        4020 GALT OCEAN DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           GOVERNOR  
Name           SCHMIDT, MIKE  
Address        4020 GALT OCEAN DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           GOVERNOR  
Name           PEREZ, JORGE  
Address        4020 GALT OCEAN DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           SECRETARY  
Name           BAKER, BOB  
Address        4020 GALT OCEAN DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           VP  
Name           SCALA, MARION  
Address        4020 GALT OCEAN DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title           PRESIDENT  
Name           KARAS, CAROL  
Address        4020 GALT OCEAN DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

*I hereby 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 all other like empowered.*

**SIGNATURE: CAROL KARAS**

**PRESIDENT**

**01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date