

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02676

**Entity Name:** LE ATLANTICO CONDOMINIUM ASSOC., INC.**Current Principal Place of Business:**1404 N. ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118**Current Mailing Address:**785 W. GRANADA BLVD.  
SUITE 3  
ORMOND BEACH, FL 32174 US**FEI Number:** 59-2495464**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HART PRO REALTY  
785 W. GRANADA BLVD.  
SUITE 3  
ORMOND BEACH, FL 32174 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:** PAUL HART

04/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | PRESIDENT                  |
| Name            | MELAHN, SCOTT              |
| Address         | 1404 N. ATLANTICAVE.<br>#1 |
| City-State-Zip: | DAYTONA BEACH FL 32118     |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | MOSLEY, MICHAEL     |
| Address         | 15553 BELLAIRE      |
| City-State-Zip: | ALLEN PARK MI 48101 |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | LAWRENCE, ERIC      |
| Address         | 184 VERRY BROOK RD. |
| City-State-Zip: | WINCHESTER NH 03470 |

|                 |                         |
|-----------------|-------------------------|
| Title           | SECRETARY, TREASURER    |
| Name            | CROSS III, WALTER       |
| Address         | 42 BLOOMINGDALE AVE.    |
| City-State-Zip: | EAST GREENBUSH NY 12061 |
| Title           | VP                      |
| Name            | RILEY, GARY             |
| Address         | 108 CHERRY RD           |
| City-State-Zip: | SYRACUSE NY 13219       |

*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:** SCOTT MELAHN

PRESIDENT

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date