

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23909

Entity Name: ATLANTIC EAST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**ATLANTIC EAST CONDOMINIUM
6170 A1A SOUTH
ST. AUGUSTINE, FL 32080-7537**Current Mailing Address:**P.O. BOX 3544
SAINT AUGUSTINE, FL 32085**FEI Number: 59-2858726****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALAZZO, PETER J
6170 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DS
Name	FOUTS, DOUGLAS
Address	4804 NW 119TH STREET
City-State-Zip:	GAINESVILLE FL 32653
Title	DIRECTOR, VICE PRESIDENT
Name	KISH, JOHN
Address	4421 NW 65TH TERRACE
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR, PRESIDENT
Name	MURPHY, RICHARD
Address	1742 MOSSY CYPRESS LANE
City-State-Zip:	JACKSONVILLE FL 32223
Title	DIRECTOR, SECRETARY
Name	LOHREY, ILONA
Address	6170 A1A SOUTH, #321
City-State-Zip:	ST. AUGUSTINE FL 32080

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: DOUGLAS FOUTS**SECRETARY****02/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date