

**2013 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 DT  
Name MCELROY, ROSS  
Address 2211 NW 27TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title DS  
Name FOUTS, DOUGLAS  
Address 4804 NW 119TH STREET  
City-State-Zip: GAINESVILLE FL 32653

Title DP  
Name RYALS, MICHAEL  
Address 5601 NW 88TH STREET  
City-State-Zip: GAINESVILLE FL 32653

Title VP  
Name VAN ROY, EING  
Address 5106 NW 67TH STREET  
City-State-Zip: GAINESVILLE FL 32653

*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: MICHAEL RYALS**

**PRESIDENT**

**02/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date