

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33658

Entity Name: ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, INC.**FILED**
Mar 07, 2016
Secretary of State
CC6716474687**Current Principal Place of Business:**4601 SO ATLANTIC AVE
PONCE INLET, FL 32127**Current Mailing Address:**4601 SO ATLANTIC AVE
PONCE INLET, FL 32127 US**FEI Number: 59-2968389****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MANN, PAMELA S
4601 SO ATLANTIC AVE
PONCE INLET, FL 32127 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: PAMELA S. MANN, PROPERTY MGR.****03/07/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name HILBRICH, GERALD F
Address 1353 FERN AVE
City-State-Zip: ORLANDO FL 32814**Title** D
Name JOHNSON, FAYE
Address 4531 SE 47TH PLACE
City-State-Zip: OCALA FL 34480**Title** OFFICER/DIRECTOR
Name MAHLER, MIKE
Address 5004 JENNIFER PLACE
City-State-Zip: ORLANDO FL 32807**Title** OFFICER/DIRECTOR
Name JOHNS, JAMES MURRAY
Address 1227 EAST LAKE COLONY DRIVE
City-State-Zip: MAITLAND FL 32751**Title** OFFICER/DIRECTOR
Name CANESTRARI, MICHAEL
Address 82 WINDERMERE VILLAGE ROAD
City-State-Zip: ELLINGTON CT 06029

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: GERALD F HILBRICH**PRESIDENT****03/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date