

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

DOCUMENT# N33658

**Entity Name:** ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, INC.**FILED**  
**Mar 04, 2024**  
**Secretary of State**  
**0276984273CC****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: Yes****Name and Address of Current Registered Agent:**VANBROCKLIN, ANN  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	COULTOFF, DANIEL
Address	245 SADDLEWORTH PLACE
City-State-Zip:	HEATHROW FL 32746

Title	VP
Name	MURTHA, WILLIAM
Address	5770 OLD ORCHARD POINT
City-State-Zip:	LIVONIA NY 14487

Title	SECRETARY
Name	MILLER, MARTIN
Address	4601 S ATLANTIC AVE 304
City-State-Zip:	PONCE INLET FL 32127

Title	TREASURER
Name	SENESAC, PAUL
Address	4601 SOUTH ATLANTIC AVENUE #707
City-State-Zip:	PONCE INLET FL 32127

Title	MEMBER-AT LARGE
Name	MARICAR, IMTIAZ
Address	4601 SOUTH ATLANTIC AVE #408
City-State-Zip:	PONCE INLET FL 32127

*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: PAUL SENESAC****TREASURER****03/04/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date