

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33658

**Entity Name:** ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, INC.**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:**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            JOHNSON, FAYE  
Address        4531 SE 47TH PLACE  
City-State-Zip: Ocala FL 34480

Title            VP, DIRECTOR  
Name            MAHLER, MIKE  
Address        5004 JENNIFER PLACE  
City-State-Zip: ORLANDO FL 32807

Title            TREASURER  
Name            CANESTRARI, MICHAEL  
Address        4601 SO. ATLANTIC AVE.  
                  UNIT 204  
City-State-Zip: PONCE INLET FL 32127

Title            SECRETARY  
Name            HILLBRICH, PEGGY  
Address        4601 SOUTH ATLANTIC AVENUE  
                  #108  
City-State-Zip: PONCE INLET FL 32127

Title            DIRECTOR  
Name            SENESAC, PAUL  
Address        4601 SOUTH ATLANTIC AVENUE  
                  #707  
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: FAYE JOHNSON****PRESIDENT****04/01/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date