

ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90014 030 ****61.25

DOCUMENT # 723098

1. Entity Name

ATLANTIQUE CONDOMINIUM COMPLEX, INC



Principal Place of Business

4800 OCEAN BEACH BLVD.
 COCOA BEACH FL 32931

Mailing Address

4800 OCEAN BEACH BLVD.
 COCOA BEACH FL 32931



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
 59-1412010

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, SHARON H
 4800 OCEAN BEACH BLVD.
 #125
 COCOA BEACH FL 32931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature not used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	☐ Delete
NAME	ALLEN, JOANN	
STREET ADDRESS	4800 OCEAN BEACH BLVD #127	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☒ Delete
NAME	CARMELLO, JANET	
STREET ADDRESS	6910 KAYLOR AVE	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	
TITLE	PD	☐ Delete
NAME	PERRY, SHARON	
STREET ADDRESS	4800 OCEAN BEACH BLVD., #125	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TD	☐ Delete
NAME	RAMEY, TERRIE	
STREET ADDRESS	4800 OCEAN BEACH BLVD SUITE 219	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VD	☐ Delete
NAME	DOTEN, ROSEMARY	
STREET ADDRESS	4800 OCEAN BCH BLVD #122	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	✓	☐ Change ☒ Addition
NAME	Wells, Michael	
STREET ADDRESS	4800 Ocean Beach Blvd #323	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terrie Ramey* *Terrie Ramey*

07/24/08

407-588-6457