

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

02-01-2005 90031 033 ****61.25

66003571



1st MOORE CR2E037 (10/04)

DOCUMENT # 745092					
1. Entity Name ATLANTIC TERRACE WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3220 NORTH EAST 10TH STREET POMPANO BEACH FL 33062			Mailing Address 3220 NORTH EAST 10TH STREET POMPANO BEACH FL 33062		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1932063	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent BIHLER, WILLIAM J. 3200 NE. 10TH ST. POMPANO BEACH FL 33062			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSANO, JOSEPH		NAME		
STREET ADDRESS	107 BERGAMOT		STREET ADDRESS		
CITY- ST- ZIP	REXXDALE, ONTARIO CA m9-w1w6		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIEFFER, BONNIE		NAME		
STREET ADDRESS	82 CARMINE DR		STREET ADDRESS		
CITY- ST- ZIP	WAPPINGER FALLS NY 12590		CITY- ST- ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWIND, ESTHER		NAME		
STREET ADDRESS	3220 NE 10TH STREET		STREET ADDRESS		
CITY- ST- ZIP	POMPANO BEACH FL 33062		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONORATO, CLAIRE		NAME		
STREET ADDRESS	3220 NE 10TH ST		STREET ADDRESS		
CITY- ST- ZIP	POMPANO BEACH FL 33062		CITY- ST- ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVA, ROBERT		NAME	DAVIS McINTOSH	
STREET ADDRESS	3220 NE 10TH ST		STREET ADDRESS	3220 NE 10TH ST	
CITY- ST- ZIP	POMPANO BEACH FL 33062		CITY- ST- ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Davis McIntosh</i></u>			Date: <u>3/1/05</u> Daytime Phone #: <u>954-943-3723</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVIS McINTOSH					