

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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-03/26/96--01165--039  
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DOCUMENT # 753805 (1)

1. Corporation Name  
1800 ATLANTIC CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1800 ATLANTIC BLVD MGR'S OFFICE KEY WEST FL 33040  
Mailing Address: 1800 ATLANTIC BLVD MGR'S OFFICE KEY WEST FL 33040

3. Date Incorporated or Qualified: 08/18/1980  
3a. Date of Last Report: 03/01/1995  
4. FEI Number: 59-2355530  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (26-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: ALBON, MONA J, 1800 ATLANTIC BLVD. MGR'S OFFICE, KEY WEST FL 33040  
10. Name and Address of New Registered Agent: (Fields 81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Monna J. Albon* (typed name: MONA J ALBON) DATE: 2-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: NEWMAN, PAUL	1.1 TITLE: D	1.1 NAME: PRESIDENT
STREET ADDRESS: 1800 ATLANTIC BLVD.	CITY-ST-ZIP: KEY WEST FL 33040	1.2 NAME: VERGAUWEN, MICHAEL	1.2 STREET ADDRESS: 1800 ATLANTIC BLVD
TITLE: STD	NAME: VERGAUWEN, MICHAEL	1.3 STREET ADDRESS: 1800 ATLANTIC BLVD	1.4 CITY-ST-ZIP: KEY WEST, FL 33040
STREET ADDRESS: 1800 ATLANTIC BLVD.	CITY-ST-ZIP: KEY WEST FL	2.1 TITLE: D	2.1 NAME: SEC
TITLE: VD	NAME: STUPEK, KATHLEEN	2.2 NAME: ANN, DON	2.2 STREET ADDRESS: 1800 ATLANTIC BLVD
STREET ADDRESS: 1800 ATLANTIC BLVD.	CITY-ST-ZIP: KEY WEST FL	2.3 STREET ADDRESS: 1800 ATLANTIC BLVD	2.4 CITY-ST-ZIP: KEY WEST FL 33040
TITLE: VD	NAME: LYNN, DON	3.1 TITLE: D	3.1 NAME: VP
STREET ADDRESS: 1800 ATLANTIC BLVD.	CITY-ST-ZIP: KEY WEST FL	3.2 NAME: CAROL ROGERS	3.2 STREET ADDRESS: 1800 ATLANTIC BLVD
TITLE: PD	NAME: ARCUNI, ERNEST J.	3.3 STREET ADDRESS: 1800 ATLANTIC BLVD	3.4 CITY-ST-ZIP: KEY WEST FL 33040
STREET ADDRESS: 1800 ATLANTIC BLVD.	CITY-ST-ZIP: KEY WEST FL	4.1 TITLE: D	4.1 NAME: VD
TITLE: VD	NAME: TRAYS	4.2 NAME: SALVINO, DENNIS	4.2 STREET ADDRESS: 1800 ATLANTIC BLVD
STREET ADDRESS: 1800 ATLANTIC BLVD.	CITY-ST-ZIP: KEY WEST FL	4.3 STREET ADDRESS: 1800 ATLANTIC BLVD	4.4 CITY-ST-ZIP: KEY WEST, FL 33040
TITLE: VD	NAME: TRAYS	4.4 CITY-ST-ZIP: KEY WEST, FL 33040	5.1 TITLE: D
STREET ADDRESS: 1800 ATLANTIC BLVD.	CITY-ST-ZIP: KEY WEST FL	5.2 NAME: BRADFORD, CHARLES	5.2 STREET ADDRESS: 1800 ATLANTIC BLVD
TITLE: VD	NAME: TRAYS	5.3 STREET ADDRESS: 1800 ATLANTIC BLVD	5.4 CITY-ST-ZIP: KEY WEST FL 33040
STREET ADDRESS: 1800 ATLANTIC BLVD.	CITY-ST-ZIP: KEY WEST FL	6.1 TITLE: D	6.1 NAME: TRAYS
TITLE: VD	NAME: TRAYS	6.2 NAME: BRADFORD, CHARLES	6.2 STREET ADDRESS: 1800 ATLANTIC BLVD
STREET ADDRESS: 1800 ATLANTIC BLVD.	CITY-ST-ZIP: KEY WEST FL	6.3 STREET ADDRESS: 1800 ATLANTIC BLVD	6.4 CITY-ST-ZIP: KEY WEST FL 33040
TITLE: VD	NAME: TRAYS	6.4 CITY-ST-ZIP: KEY WEST FL 33040	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Monna J. Albon* (typed name: MONA J ALBON) DATE: 2-1-96 DAYTIME PHONE: 305 394 9553  
SG 3-26-96

CR2E037 (12/95)