

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90031 030 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # -753805**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/18/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2355530
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**STACK, PETER**  
**1800 ATLANTIC BOULEVARD**  
**MANAGERS OFFICE**  
**KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MCDONNELL, PETER</del>	1.2 NAME	LYAN DON.
STREET ADDRESS	<del>1800 ATLANTIC CONDO UNITE 18</del>	1.3 STREET ADDRESS	201 S. BISCAYNE BLVD SUITE 1500
CITY-ST-ZIP	<del>KEY WEST FL 33040</del>	1.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGAUWEN, MICHAEL	2.2 NAME	
STREET ADDRESS	1800 ATLANTIC BLVD. e/o mgrs. OFFICE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIANO, DENNIS	3.2 NAME	MAY PHYLLIS
STREET ADDRESS	1800 ATLANTIC BLVD.	3.3 STREET ADDRESS	1800 ATLANTIC BLVD UNIT 312
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JIM	4.2 NAME	GANEM RAY
STREET ADDRESS	1800 ATLANTIC CONDO UNIT 208	4.3 STREET ADDRESS	1800 ATLANTIC BLVD UNIT 309
CITY-ST-ZIP	KEY WEST FL 33040	4.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, CHARLES	5.2 NAME	
STREET ADDRESS	1800 ATLANTIC BLVD UNIT 137	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/14/99 305-294-9553  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0014220  
CR2E037 (5/99)