

2000 UNIFORM BUSINESS REPORT (UBR)

2/24/00-90041-042-\$61.25-\$61.25

DOCUMENT # 753805

1. Entity Name

1800 ATLANTIC CONDOMINIUM ASSOCIATION, INC.

FILED

00 MAR 14 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1800 ATLANTIC BLVD MGR'S OFFICE KEY WEST FL 33040		1800 ATLANTIC BLVD MGR'S OFFICE KEY WEST FL 33040	
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	59-2355530	Applied For	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STACK, PETER 1800 ATLANTIC BOULEVARD MANAGERS OFFICE KEY WEST FL 33040		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.

SIGNATURE Peter B. Stack

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	TITLE	Pres.
NAME	DON, LYN	NAME	Charles Bradford
STREET ADDRESS	201 S. BISCAYNE BOULEVARD, SUITE #1500	STREET ADDRESS	1800 ATLANTIC Blvd. #C-137
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	Key West, FL 33040
TITLE	PD	TITLE	Bob WARD, V.P.
NAME	VERGAUWEN, MICHAEL	NAME	1800 ATLANTIC B. B-114
STREET ADDRESS	1800 ATLANTIC BLVD., C/O MANAGERS OFFICE	STREET ADDRESS	Key West, FL 33040
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	Key West, FL 33040
TITLE	VD	TITLE	TREASURER
NAME	PHYLLIS, MAY	NAME	Michael Vergauwen
STREET ADDRESS	1800 ATLANTIC BOULEVARD, UNIT #312	STREET ADDRESS	435 W. Fullerton
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	Evanston IL 60126
TITLE	VD	TITLE	SECRETARY
NAME	GANEM, RAY	NAME	PAUL ASELIN
STREET ADDRESS	1800 ATLANTIC BOULEVARD, UNIT #309	STREET ADDRESS	1800 ATLANTIC, C-240
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	Key West, FL 33040
TITLE	TD	TITLE	DIRECTOR
NAME	BRADFORD, CHARLES	NAME	DON LYNN
STREET ADDRESS	1800 ATLANTIC BLVD. UNIT #137	STREET ADDRESS	201 S. Biscayne Blvd., S-1520
CITY-ST-ZIP	KEY WEST FL 33040	CITY-ST-ZIP	MIAMI, FL 33131
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TS

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

Date

Daytime Phone #

CR2E037 (9/99)