

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753805

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: 1800 ATLANTIC CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1800 ATLANTIC BLVD  
MANAGER'S OFFICE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1800 ATLANTIC BLVD MGR'S OFFICE  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 59-2355530      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRADFORD, CHARLES  
1800 ATLANTIC BOULEVARD  
MANAGERS OFFICE  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: MORECRAFT, DICK  
Address: 1800 ATLANTIC BLVD #C431  
City-St-Zip: KEY WEST, FL 33040

Title: TR ( ) Delete  
Name: VERGAUWEN, MICHAEL  
Address: 435 W FULLERTON  
City-St-Zip: ELMHURST, IL 60126

Title: SEC ( ) Delete  
Name: HADLEY, JUDY  
Address: 1800 ATLANTIC BLVD, C-322  
City-St-Zip: KEY WEST, FL 33040

Title: VPD ( ) Delete  
Name: ILCHUK, PETER  
Address: 1800 ATLANTIC C-223  
City-St-Zip: KEY WEST, FL 33040

Title: PRES ( ) Delete  
Name: BRADFORD, CHARLES  
Address: 1800 ATLANTIC BLVD. C-137  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: MORECRAFT, DICK  
Address: 1800 ATLANTIC BLVD #C221  
City-St-Zip: KEY WEST, FL 33040

Title: TR (X) Change ( ) Addition  
Name: VERGAUWEN, MICHAEL  
Address: 4724 PERCHING AVE  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: SANDERS, JERRY  
Address: 1800 ATLANTIC C-422  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES BRADFORD

PRES

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date