

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 04, 2010**  
**Secretary of State**

DOCUMENT# 753805

**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  
MANAGER'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:**ROGEL, DAVID H ESQ  
C/O BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, 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: P  
Name: BRADFORD, CHARLES  
Address: 1800 ATLANTIC BLVD C137  
City-St-Zip: KEY WEST, FL 33040

Title: VP  
Name: MORECRAFT, RICHARD  
Address: 1800 ATLANTIC BLVD. C221  
City-St-Zip: KEY WEST, FL 33040

Title: SEC  
Name: BRASUELL, WILLIAM  
Address: 1800 ATLANTIC BLVD, A402  
City-St-Zip: KEY WEST, FL 33040

Title: TR  
Name: STRAVINSKY, RONALD  
Address: 1800 ATLANTIC A314  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: CHARLES BRADFORD

PT

03/04/2010

Electronic Signature of Signing Officer or Director

Date