

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90161 010 ****61.25

DOCUMENT # 753805

1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2355530** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE S	<input type="checkbox"/> Delete MORECRAFT, DICK 1800 ATLANTIC BLVD #C431 KEY WEST FL 33040	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	<input type="checkbox"/> Delete VERGAUWEN, MICHAEL 435 W FULLERTON ELMHURST IL 60126	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	<input type="checkbox"/> Delete WARD, BOB 1800 ATLANTIC BLVD, B-114 KEY WEST FL 33040	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input checked="" type="checkbox"/> Delete FREJOLA, PETER 1800 ATLANTIC, C-240 KEY WEST FL 33040	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPD MALL, MIKE 1800 ATLANTIC A-112 KEY WEST, FL 33040
TITLE PD	<input type="checkbox"/> Delete BRADFORD, CHARLES 1800 ATLANTIC BLVD. C-137 KEY WEST FL 33040	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: _____ **NOTARIAL SIGNATURE REQUIRED** 01/06/03 305-294-9553

CR2E037 (10/02)