

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755832 (3)
1. Corporation Name
ATLANTICA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 100 CORAL WAY EAST #6 INDIALANTIC FL 32903
Mailing Address: 100 CORAL WAY EAST #6 INDIALANTIC FL 32903

3. Date Incorporated or Qualified: 01/09/1981
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business: 21 100 CORAL WAY EAST
22 Suite, Apt. #, etc.: #3
23 City & State: Indialantic, FL.
24 Zip: 32903 25 Country: Brevard
2a. Mailing Address: 26 100 CORAL WAY EAST
27 Suite, Apt. #, etc.: #3
28 City & State: Indialantic, FL.
29 Zip: 32903 30 Country: Brevard

4. FEI Number: 59-2065532 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SANDS, LINDA M.
100 CORAL WAY EAST #4
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent
81 Name: DONNA HANLEY
82 Street Address (P.O. Box Number is Not Acceptable): 100 CORAL WAY EAST
83 #6
84 City: Indialantic FL 85 Zip Code: 32903

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: *Donna Hanley* DATE: 3-28-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KOUMJIAN, RAMSEY	
STREET ADDRESS	100 CORAL WAY EAST 3	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAGOPIAN, ALBERT M.	
STREET ADDRESS	100 CORAL WAY EAST #7	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CRANDALL, ROBERT	
STREET ADDRESS	100 CORAL WAY EAST #6	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVE BILLINGSLEY	
1.3 STREET ADDRESS	100 CORAL WAY EAST #9	
1.4 CITY - ST - ZIP	INDIALANTIC FL 32903	
2.1 TITLE	VICE PRESIDENT/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TERESA DENNEY	
2.3 STREET ADDRESS	100 CORAL WAY EAST #4	
2.4 CITY - ST - ZIP	INDIALANTIC, FL 32903	
3.1 TITLE	SECRETARY/TREASURER/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAMSEY KOUMJIAN	
3.3 STREET ADDRESS	100 CORAL WAY EAST #3	
3.4 CITY - ST - ZIP	INDIALANTIC, FL 32903	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Ramsey Koumjian* DATE: 3/22/96 DAY/TIME PHONE #: (407) 773-4665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)