

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1997 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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|---|---|
| Principal Place of Business 100 CPRA: WAU EAST #3 INDIALANTIC FL 32903 US | Mailing Address 100 CORAL WAY EAST #6 #3 INDIALANTIC FL 32903-2137 US |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 01/09/1981 | 3a. Date of Last Report 04/22/1996 |
|--|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | | |
|--|---|---|
| 4. FEI Number 59-2065532 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

HANLEY, DONNA
100 CORAL WAY EAST #4
#6
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name HANLEY, DONNA |
| 82 Street Address (P.O. Box Number is Not Acceptable) 100 CORAL WAY EAST #6 |
| 83 Indialantic |
| 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BILLINGSLEY, DAVE | | 1.2 NAME | |
| STREET ADDRESS 100 CORAL WAY EAST #9 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP INDIALANTIC FL | | 1.4 CITY-ST-ZIP | |
| TITLE VD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DENNEY, TERESA | | 2.2 NAME | |
| STREET ADDRESS 100 CORAL WAY EAST #4 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP INDIALANTIC FL | | 2.4 CITY-ST-ZIP | |
| TITLE STD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KOUMJAIR, RAMSEY | | 3.2 NAME | |
| STREET ADDRESS 100 CORAL WAY EAST #3 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP INDIALANTIC FL | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 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.

CR2E037 (9/96)