

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755832

1. Entity Name

ATLANTICA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90262 046 \*\*\*\*61.25

Principal Place of Business	Mailing Address
100 CPRA; WAU EAST #3 INDIALANTIC FL 32903 US	100 CORAL WAY EAST # #3 INDIALANTIC FL 32903-2137 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 CORAL WAY EAST Suite, Apt. #, etc. # 3	Suite, Apt. #, etc.
City & State INDIALANTIC FL	City & State
Zip 32903	Country US

4. FEI Number	Applied For
59-2065532	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: HANLEY, DONNA  
 Street Address (P.O. Box Number is Not Acceptable): 222 SHORE LANE  
 City: INDIAN HARBOR BEACH FL Zip Code: 32937

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BILLINGSLEY, DAVE	
STREET ADDRESS	100 CORAL WAY EAST #9	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOUMJIAN, RAMSEY	
STREET ADDRESS	100 CORAL WAY E, #3	
CITY-ST-ZIP	INDIANLANTIC FL 32903	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KOUMJIAIR, RAMSEY	
STREET ADDRESS	100 CORAL WAY EAST #3	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOWE, BARBARA	
STREET ADDRESS	33 DORCHESTER WAY	
CITY-ST-ZIP	NASHUA NH 03060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ramsey Koumjian* **SIGNATURE REQUIRED** Ramsey Koumjian 4/12/00 (321) 773-4615  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)