

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L38267** (5)

1. Corporation Name

ATLANTIC GULF REALTY, INC.

Principal Place of Business

**LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461**

Mailing Address

**LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461**



3. Date Incorporated or Qualified
12/20/1989

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
65-0165036

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

10. Name and Address of New Registered Agent

**LANGLEY, MARCIA H
LEGL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE:

Signature typed or printed name of registered agent (available if applicable)

NOTE: Registered Agent's signature required when re-registering

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **DP**
JEFFREY, THOMAS W.
STREET ADDRESS **2601 S. BAYSHORE DRIVE**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VS**
LANGLEY, MARCIA H.
STREET ADDRESS **2601 S. BAYSHORE DRIVE**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VT**
FISCHER, JOHN H.
STREET ADDRESS **2601 S. BAYSHORE DRIVE**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **DV**
MIKESH, LINDA A
STREET ADDRESS **2601 S BAYSHORE DR**
CITY-STATE-ZIP **MIAMI FL 33133**

TITLE ☐ DELETE

NAME **D**
ANNESS, LISA D.
STREET ADDRESS **2601 S. BAYSHORE DRIVE**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **V**
DALFO, CHRISTOPHER L.
STREET ADDRESS **9801 S. FEDERAL HWY.**
CITY-STATE-ZIP **PORT ST. LUCIE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **VD**
Carleton, Callis N.
1.3 STREET ADDRESS **2601 S. Bayshore Dr.**
1.4 CITY-STATE-ZIP **Miami, FL 33133**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VAS**
Goldman, Joel K.
2.3 STREET ADDRESS **2601 S. Bayshore Dr.**
2.4 CITY-STATE-ZIP **Miami, FL 33133**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **V**
Gillette, III, Tom
3.3 STREET ADDRESS **2601 S. Bayshore Dr.**
3.4 CITY-STATE-ZIP **Miami, FL 33133**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **700001783427**
4.3 STREET ADDRESS **-04/17/96--01020--032**
4.4 CITY-STATE-ZIP *****200.00**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **V**
Camerci, Sherri
5.3 STREET ADDRESS **2601 So. Bayshore Dr.**
5.4 CITY-STATE-ZIP **Miami, FL 33133**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

305-859-4071

Date Telephone (Area Code) Number

CR2E034 (12/95)