

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003002

FILED  
Feb 23, 2011  
Secretary of State

**Entity Name:** ATLANTIC VILLAS CONDOMINIUM OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

307 FLAGLER AVENUE  
SUITE 104  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

307 FLAGLER AVENUE  
SUITE 104  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 59-3716678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRI MANAGEMENT LLC  
307 FLAGLER AVENUE  
SUITE 104  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KELLER, RICHARD  
Address: 701 NORTH ATLANTIC AVE # 502  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD  
Name: BIEDERMAN, ANGELA  
Address: 1010 MCDONALD STREET  
City-St-Zip: MT. DORA, FL 32757

Title: D  
Name: COBB, MARVIN  
Address: 949 VICTORIA TERRACE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD  
Name: PASSALACQUA, JOE  
Address: 275 STIRLING AVE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFF BLOCKER

CAM

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date