## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004446

FILED May 02, 2006 Secretary of State

Entity Name: THE ATLANTIC HOTEL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

601 NORTH FORT LAUDERDALE BEACH BLVD. FORT LAUDERDALE, FL 33304

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 22197 LAKE BUENA VISTA, FL 32830 US

FEI Number: 20-1095871 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition

LANZON, GREGORY LANZON, GREGORY Name: Name: Address: 610 NE 11TH AVE Address: 610 NE 11TH AVE

City-St-Zip: FT. LAUDERDALE, FL 33304 US City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: VSD () Delete Title: () Change () Addition

Name: NEWMAN, PATRICK Name: Address: 1743 PACE DRIVE NW Address: City-St-Zip: PALM BAY, FL 32907 US City-St-Zip:

Title: () Delete Title: () Change () Addition

HUNDLEY, STEVE Name: Name: 7921 DEER TRAIL Address: Address: City-St-Zip: DALLAS, TX 75238 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY LANZON PTD 05/02/2006