

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 9:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N15293 (6)

1. Corporation Name

ATLANTIC TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3629 S ATLANTIC AVE
DAYTONA BCH SHORE FL 32127-4601**

**3629 S ATLANTIC AVE
DAYTONA BCH SHORE FL 32127-4601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1986

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2772488

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKES, KAREN
3511 S PENINSULA DR
DAYTONA BEACH FL 32127**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT
NAME	MAXWELL, PHILIP
STREET ADDRESS	5449 LANDIS AVE
CITY - ST - ZIP	PT ORANGE FL
TITLE	DP
NAME	WALDO, WALLACE
STREET ADDRESS	1113 BELLA DONNA DRIVE
CITY - ST - ZIP	BRANDON FL
TITLE	DS
NAME	PERKINS, ROBERT
STREET ADDRESS	2695 HILLIARD PL
CITY - ST - ZIP	KISSIMMEE FL
TITLE	DV
NAME	GAUDETTE, EDWARD
STREET ADDRESS	24 EAST EARLE STREET
CITY - ST - ZIP	CUMBERLAND RI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DT	☒ Change ☐ Addition
1.2 NAME	MAXWELL, PHILIP	
1.3 STREET ADDRESS	2967 S. ATLANTIC AVE #401	
1.4 CITY - ST - ZIP	DAYTONA BEACH SHRS., FL. 32118	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/95

(904) 767-4236

Date

Signature Filing #