

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # **N15293** (6)

1. Corporation Name

ATLANTIC TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
06/06/1986

3a. Date of Last Report
04/27/1995

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

4. FEI Number

59-2772488

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

**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 617.0502 and 617.1508, 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 617.0503, 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** ☐ DELETE
NAME **MAXWELL, PHILIP**
STREET ADDRESS **2967 S. ATLANTIC AVE #401**
CITY-ST-ZIP **DAYTONA BEACH SHRS FL**

1.1 TITLE **DT** ☒ Change ☐ Addition
1.2 NAME **MAXWELL, PHILIP**
1.3 STREET ADDRESS **2937 S. ATLANTIC AVE #2109**
1.4 CITY-ST-ZIP **DAYTONA BCH SHRS, FL. 32118**

TITLE **DP** ☐ DELETE
NAME **WALDO, WALLACE**
STREET ADDRESS **1113 BELLA DONNA DRIVE**
CITY-ST-ZIP **BRANDON FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **PERKINS, ROBERT**
STREET ADDRESS **2695 HILLIARD PL**
CITY-ST-ZIP **KISSIMMEE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **GAUDETTE, EDWARD**
STREET ADDRESS **24 EAST EARLE STREET**
CITY-ST-ZIP **CUMBERLAND RI**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **GAUDETTE, EDWARD**
4.3 STREET ADDRESS **24 EAST EARLE ST**
4.4 CITY-ST-ZIP **CUMBERLAND, R.I. 02864**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **DV** ☐ Change ☒ Addition
5.2 NAME **THOMAS, LEROY**
5.3 STREET ADDRESS **1007 MOCKINGBIRD CIRCLE**
5.4 CITY-ST-ZIP **WINTER HAVEN, FL. 33884**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

(904) 761-5733

Day/Time Phone #

CR2E037 (12/95)