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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

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DAYTONA BCH SHORE FL 32127-4601

3. Date Incorporated or Qualified
06/06/1986

3a. Date of Last Report
04/30/1996

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

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 2937 S ATLANTIC AV 2109
CITY-ST-ZIP DAYTONA BEACH SHRS FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME TAYLOR, BALMOR
1.3 STREET ADDRESS 6222 YELLOWSTONE DR.
1.4 CITY-ST-ZIP PORT ORANGE, FL

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

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Waldo, Wallace
2.3 STREET ADDRESS 1113 BELLA DONNA DRIVE
2.4 CITY-ST-ZIP BRANDON FL

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

4.1 TITLE DV ☒ Change ☐ Addition
4.2 NAME GAUDETTE, EDWARD
4.3 STREET ADDRESS 24 EAST EARLE STREET
4.4 CITY-ST-ZIP CUMBERLAND, RI

TITLE DV ☐ DELETE
NAME THOMAS LEROY
STREET ADDRESS 1007 MOCKINGBIRD CIR
CITY-ST-ZIP EINTER HAVEN FL

5.1 TITLE DP ☒ Change ☐ Addition
5.2 NAME THOMAS, LEROY
5.3 STREET ADDRESS 1007 MOCKINGBIRD CIR
5.4 CITY-ST-ZIP WINTER HAVEN, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME PARNELL, WILLIAM
6.3 STREET ADDRESS 121 TROPIC PLACE
6.4 CITY-ST-ZIP ROCKLEDGE, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0002602

CR2E037 (9/96)