

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/06/1986
4. FEI Number 59-2772488
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PARKES, KAREN 3511 S PENINSULA DR DAYTONA BEACH FL 32127

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, PHILIP	1.2 NAME	
STREET ADDRESS	2937 S ATLANTIC AV 2109	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHRS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDO, WALLACE	2.2 NAME	DP WALDO, WALLACE
STREET ADDRESS	1113 BELLA DONNA DRIVE	2.3 STREET ADDRESS	1113 BELLA DONNA
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	BRANDON, FL 33510
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, BALMOR	3.2 NAME	SHELL, PATTY
STREET ADDRESS	6222 YELLOWSTONE DR.	3.3 STREET ADDRESS	646 7th AVE. PL., S.E.
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	HICKORY, NC 28602
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDETTE, EDWARD	4.2 NAME	GAUDETTE, EDWARD
STREET ADDRESS	24 EAST EARLE STREET	4.3 STREET ADDRESS	24 EAST EARLE STREET
CITY-ST-ZIP	CUMBERLAND RI	4.4 CITY-ST-ZIP	CUMBERLAND, RI 02864
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS LEROY	5.2 NAME	THOMAS, LEROY
STREET ADDRESS	1007 MOCKINGBIRD CIR	5.3 STREET ADDRESS	1007 MOCKINGBIRD CIRCLE
CITY-ST-ZIP	ENTER HAVEN FL	5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARNELL, WILLIAM	6.2 NAME	GRIFFEN, BEN
STREET ADDRESS	121 TROPIC PLACE	6.3 STREET ADDRESS	2021 LOCH BERRY ROAD
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	WINTER PARK, FL 32792

14. I 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 on an attachment with an address.

SIGNATURE: _____ 2-27-98

CR2E037 (10/97)