

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90058 030 ****61.25

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DOCUMENT # N15293

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/06/1986

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

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

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

TITLE ☐ DELETE

NAME DT
STREET ADDRESS MAXWELL, PHILIP
CITY-ST-ZIP 2937 S ATLANTIC AV 2109
DAYTONA BEACH SHRS FL

TITLE ☐ DELETE

NAME DP
STREET ADDRESS WALDO, WALLACE
CITY-ST-ZIP 1113 BELLA DONNA DRIVE
BRANDON FL 33510

TITLE ☐ DELETE

NAME D
STREET ADDRESS SHELL, PATTY
CITY-ST-ZIP 646 7TH AVE PL SE
HICKORY NC 28602

TITLE ☐ DELETE

NAME D
STREET ADDRESS GAUDETTE, EDWARD
CITY-ST-ZIP 24 EAST EARLE STREET
CUMBERLAND RI 02864

TITLE ☐ DELETE

NAME DV
STREET ADDRESS THOMAS LEROY
CITY-ST-ZIP 1007 MOCKINGBIRD CIR
EINTER HAVEN FL 33884

TITLE ☐ DELETE

NAME DS
STREET ADDRESS GRIFFEN, BEN
CITY-ST-ZIP 2021 LOCH BERRY RD
WINTER PRK FL 32792

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)