

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15293

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2772488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKES, KAREN
3511 S PENINSULA DR
DAYTONA BEACH FL 32127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE DV ☒ Delete
NAME WALDO, WALLACE
STREET ADDRESS 1113 BELLA DONNA DRIVE
CITY-ST-ZIP BRANDON FL 33510

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

TITLE DP ☐ Delete
NAME GAUDETTE, EDWARD
STREET ADDRESS 24 EAST EARLE STREET
CITY-ST-ZIP CUMBERLAND RI 02864

TITLE D ☐ Delete
NAME SHAW, JOHN
STREET ADDRESS PO BOX 225
CITY-ST-ZIP MANCHESTER ME 04351

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Thomas, Leroy DV ☐ Change ☒ Addition
NAME 1007 Mockingbird Circle
STREET ADDRESS Winter Haven, FL 33884
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Taylor, Balmor
STREET ADDRESS 6222 Yellowstone Drive
CITY-ST-ZIP Port Orange, FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90038 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)