

2001 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

PARKES, KAREN
3511 S PENINSULA DR
DAYTONA BEACH FL 32127

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Guy LeVee
2807 Baker Lane
Bowie, MD 20715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
THOMAS, LEROY
1007 MOCKINGBIRD CIRCLE
WINTER HAVEN FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Michael K. Hynes
100 Helicopter Drive
Frederick, OK 73542-2400

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Terry Rowe
3449 Shamrock Dr.
Daytona Beach, FL 32118

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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 *Edward J. Gaudette* 1/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90099 001 ****61.25

00031701



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)