

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90103 025 ****61.25

DOCUMENT # N15293

1. Entity Name

ATLANTIC TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3629 S ATLANTIC AVE
 DAYTONA BCH SHORE FL 32127-4601**

**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.

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

TITLE **D** ☐ Change ☒ Addition
 NAME **GUY LEVEE**
 STREET ADDRESS **2807 BAKER LANE**
 CITY-ST-ZIP **BOWIE MD 20715**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **HARRY MEYER**
 STREET ADDRESS **1401 TREBOR DR.**
 CITY-ST-ZIP **LIMA OH 45805**

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

TITLE **DT** ☐ Change ☒ Addition
 NAME **BALMOR TAYLOR**
 STREET ADDRESS **6222 YELLOWSTONE DR.**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BALMOR TAYLOR

Date

1/10/02

Daytime Phone #

CR2E037 (9/01)