

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90058 050 ****61.25

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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		4. FEI Number 59-2772488	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	Resident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEE, GUY		NAME	Levee, Guy	
STREET ADDRESS	2807 BAKER LANE		STREET ADDRESS	6516 Ridenour Way East	
CITY-ST-ZIP	BOWIE, MD 20715		CITY-ST-ZIP	Edwardsburg MD 21784	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, LOWELLT		NAME	Patterson, Lowell	
STREET ADDRESS	1408 HIGHLAND AVE.		STREET ADDRESS	1408 Highland Ave	
CITY-ST-ZIP	CINNAMINSON, NJ 08007		CITY-ST-ZIP	Cinnaminson, NJ 08007	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELL, PATTY		NAME		
STREET ADDRESS	646 7TH AVE PL SE		STREET ADDRESS		
CITY-ST-ZIP	HICKORY, NC 28602		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDETTE, EDWARD		NAME	GAUDETTE EDWARD	
STREET ADDRESS	24 EAST EARLE STREET		STREET ADDRESS	24 EAST EARLE STREET	
CITY-ST-ZIP	CUMBERLAND, RI 02864		CITY-ST-ZIP	CUMBERLAND RI 02864	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, JOHN DR.		NAME		
STREET ADDRESS	P.O. BOX 225		STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER, ME 04351		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFEN, BEN		NAME		
STREET ADDRESS	2021 LOCH BERRY RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PRK, FL 32792		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: <i>Karen Solomon</i> KAREN Solomon 4/7/05 386-761-5133 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					