

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N15293 1. Entity Name ATLANTIC TERRACE CONDOMINIUM ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-NP CR2E037 (11/05)

4. FBI Number 59-2772488	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARKES, KAREN 3511 S PENINSULA DR DAYTONA BEACH, FL 32127
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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.

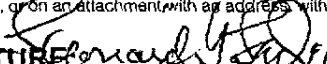
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVEE, GUY 6516 RIDENOUR WAY EAST ELDERSBURG, MD 21784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, LOWELL T 1408 HIGHLAND AVE CINNAMINSON, NJ 08007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHELL, PATTY 646 7TH AVE PL SE HICKORY, NC 28602
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 SHAW, JOHN DR. P.O. BOX 225 MANCHESTER, ME 04351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRIFFEN, BEN 2021 LOCH BERRY RD WINTER PRK, FL 32792

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	2/2/06 Date	396-761-5733 Daytime Phone if
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