# 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.

| Principal Place of Business | Mailing Address |
|---|---|
| 3629 S ATLANTIC AVE<br>DAYTONA BCH SHORE, FL 32127-4601 | 3629 S ATLANTIC AVE<br>DAYTONA BCH SHORE, FL 32127-4601 |

**DO NOT WRITE IN THIS SPACE**

01312006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | LEVEE, GUY |
| STREET ADDRESS | 6516 RIDENOUR WAY EAST |
| CITY-ST-ZIP | ELDERSBURG, MD 21784 |
| TITLE | T |
| NAME | PATTERSON, LOWELLT |
| STREET ADDRESS | 1408 HIGHLAND AVE |
| CITY-ST-ZIP | CINNAMINSON, NJ 08007 |
| TITLE | OVP |
| NAME | SHELL, PATTY |
| STREET ADDRESS | 646 7TH AVE PL SE |
| CITY-ST-ZIP | HICKORY, NC 28602 |
| TITLE | DP |
| NAME | GAUDETTE, EDWARD |
| STREET ADDRESS | 24 EAST EARLE STREET |
| CITY-ST-ZIP | CUMBERLAND, RI 02864 |
| TITLE | D |
| NAME | SHAW, JOHN DR. |
| STREET ADDRESS | P.O. BOX 225 |
| CITY-ST-ZIP | MANCHESTER, ME 04351 |
| TITLE | DS |
| NAME | GRIFFEN, BEN |
| STREET ADDRESS | 2021 LOCH BERRY RD |
| CITY-ST-ZIP | 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:** Leonard G. LeVee, Jr 2/2/06 386-761-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #