


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90008 034 ****61.25

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40031667



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2772488	Applied For <input type="checkbox"/> Not Applicable
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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

7. Name and Address of New Registered Agent Name Karen Solomon Street Address (P.O. Box Number is Not Acceptable) 3511 S. Peninsula Dr. Port Orange FL Zip Code 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 *Karen Solomon*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVEE, GUY 6516 RIDENOUR WAY EAST ELDERSBURG, MD 21784 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, LOWELLT 1408 HIGHLAND AVE CINNAMINSON, NJ 08007 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHELL, PATTY 646 7TH AVE PL SE HICKORY, NC 28602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAUDETTE, EDWARD 24 EAST EARLE STREET CUMBERLAND, RI 02864 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JOHN DR. P.O. BOX 225 MANCHESTER, ME 04351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRIFFEN, BEN 2021 LOCH BERRY RD WINTER PRK, FL 32792 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Saba, George 931 Spring St. Howell, MI 48843 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Champion, Howard 2406 Scott Dr. NW Hartselle, AL 40422 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LeVee, Maggie 6516 Ridenour Way E. #2D Eldersburg, MD 21784 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gaudette, Edward 24 East Earle Street Cumberland, RI 02864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raiford, Timothy 5079 Sandy Valley Rd. Mechanicsville, VA 23111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Guy LeVee* **Leonard Guy LeVee** 3/1/07 410-549-9381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #