2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 8:00 am Secretary of State

DOCUMENT # N15293 1. Entity Name ATLANTIC TERRACE CONDOMINIUM ASSOCIATION, INC.					4-02-2008 90020	046 ****6	1.25	
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				4,000	1 20			
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2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	Mailing Address			BIBH BIBN BIBN BIB		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E	037 (12/06)	•	
City & State		City & State		4. FEI Number 59-277248	18		oplied For	
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	- 1	7. Name and Add	ress of New Registers	Fee Require		
			Name			O Algoria		
SOLOMON	N, KAREN ENINSULA DR		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	BEACH, FL 32127		Street Address					
	No.							
	₩.* ₩	•	City		F	Zip Cod	ө	
	named entity submits this statement for	r the purpose of changing its r	egistered office or re	egistered agent, or both, in			and accept	
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating}	DAT	E		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be	Make ch	eck payable to		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable to partment of Si	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make che Florida Dep	eck payable to partment of Si	tate	
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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: Have Salomon agent 3-20-08 386-76/-573 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR Date Dayline Proce #