

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90183 007 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **D** ☐ Delete
NAME **LEEVE, GUY**
STREET ADDRESS **2807 BAKER LANE**
CITY-ST-ZIP **BOWIE MD 20715**

TITLE **DV** ☒ Delete
NAME **THOMAS, LEROY**
STREET ADDRESS **1007 MOCKINGBIRD CIRCLE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ Delete
NAME **SHELL, PATTY**
STREET ADDRESS **646 7TH AVE PL SE**
CITY-ST-ZIP **HICKORY NC 28602**

TITLE **DP** ☐ Delete
NAME **GAUDETTE, EDWARD**
STREET ADDRESS **24 EAST EARLE STREET**
CITY-ST-ZIP **CUMBERLAND RI 02864**

TITLE **DT** ☐ Delete
NAME **TAYLOR, BALMOR**
STREET ADDRESS **6222 YELLOWSTONE DR**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **DS** ☐ Delete
NAME **GRIFFEN, BEN**
STREET ADDRESS **2021 LOCH BERRY RD**
CITY-ST-ZIP **WINTER PRK FL 32792**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
PATTERSON, LOWELL T
1408 HIGHLAND AVE
CINNAMINSON, NJ 08007

DVP ☒ Change ☐ Addition
SHELL, PATTY
646 7TH AVE PL SE
HICKORY, NC 28602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/02)

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: **KAREN PARKES** 2-19-03 3867615733