

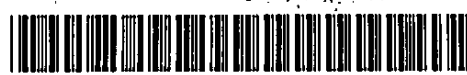
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90098 037 ****61.25

DOCUMENT # N23909 1. Entity Name ATLANTIC EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ATLANTIC EAST CONDOMINIUM 6170 A1A SOUTH ST. AUGUSTINE, FL 32080-7537 US			Mailing Address P.O. BOX 3544 SAINT AUGUSTINE, FL 32085		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2858726	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANKLIN, NICK 6170 A1A SOUTH, #316 ST AUGUSTINE, FL 32080-7537			Name Robert Worgan Street Address (P.O. Box Number is Not Acceptable) 6170 A1A South, Condo Office City St. Augustine FL Zip Code 32080		
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		(NOTE: Registered Agent signature required when reinstating) Robert Worgan, Registered Agent & President			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAVID 6405 N.W. 18TH AVE. GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Robert Worgan 6170 A1A South, Condo Office St. Augustine, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKLIN, NICK 6170 A-1-A SOUTH ST. AUGUSTINE, FL 320807537	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP James London 6170 A1A South, #223 St. Augustine, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAN, RICHARD 6170 A1A SOUTH ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T Paul Pluchino 6170 A1A South, #313 St. Augustine, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DETLEFS, MYRA 6170 A1A SOUTH ST AUGUSTINE, FL 320807537	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRISTIAN, MARGARET 5716 N.W. 62ND COURT GAINESVILLE, FL 32653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yvonne Ruffin 2100 Gornito Road Valdosta, GA 31602	
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 817, 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:			Feb 7, 2005 (904) 471-9300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Worgan, President					

50011514



01122005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

Feb 2005

DATE

Make check payable to
Florida Department of State

☐ Change ☒ Addition

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Date

Daytime Phone #