
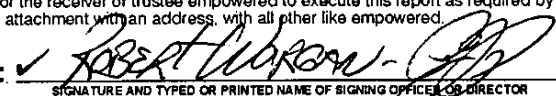


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90076 033 ****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		Country			
6. Name and Address of Current Registered Agent WORGAN, ROBERT 6170 A1A SOUTH, CONDO OFFICE SAINT AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WORGAN, ROBERT		NAME		
STREET ADDRESS	6170 A1A SOUTH, CONDO OFFICE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	VP/D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONDON, JAMES		NAME		
STREET ADDRESS	6170 A1A SOUTH, #223		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLUCHINO, PAUL		NAME	D T	
STREET ADDRESS	6170 A1A SOUTH, #313		STREET ADDRESS	Murphy, Pam	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	1742 Mossy Cypress Lane	
TITLE	DS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTIAN, MARGARET		NAME		
STREET ADDRESS	5716 N.W. 62ND COURT		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUFFIN, YVONNE		NAME	D	
STREET ADDRESS	2100 GORNITO ROAD		STREET ADDRESS	Tuchman, Stephen	
CITY-ST-ZIP	VALDOSTA, GA 31602		CITY-ST-ZIP	6578 NW 50th Lane	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: <u>1/17/06</u> Daytime Phone #: <u>971-2300</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					