

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90021 027 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2858726

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORGAN, ROBERT  
6170 A1A SOUTH, CONDO OFFICE  
SAINT AUGUSTINE, FL 32080

Name  
Richard Holmes

Street Address (P.O. Box Number is Not Acceptable)

6170 A1A South, #323

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

*Richard H. Holmes* RICHARD H. HOLMES

2/13/07

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 DP  
NAME WORGAN, ROBERT  
STREET ADDRESS 6170 A1A SOUTH, CONDO OFFICE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 ☒ Delete

TITLE VP/D  
NAME LONDON, JAMES  
STREET ADDRESS 6170 A1A SOUTH, #223  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 ☐ Delete

TITLE DT  
NAME MURPHY, PAM  
STREET ADDRESS 1742 MOSSY CYPRESS LN  
CITY-ST-ZIP JACKSONVILLE, FL 32223 ☒ Delete

TITLE DS  
NAME CHRISTIAN, MARGARET  
STREET ADDRESS 5716 N.W. 62ND COURT  
CITY-ST-ZIP GAINESVILLE, FL 32653 ☒ Delete

TITLE D  
NAME TUCHMAN, STEPHEN  
STREET ADDRESS 6578 NW 50TH LN  
CITY-ST-ZIP GAINESVILLE, FL 32653 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME Holmes, Richard  
STREET ADDRESS 6170 A1A South, #323  
CITY-ST-ZIP St. Augustine, FL 32080 ☐ Change ☒ Addition

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

TITLE DS  
NAME Sisko, Jan  
STREET ADDRESS 6170 A1A South, #106  
CITY-ST-ZIP St. Augustine, FL 32080 ☐ Change ☒ Addition

TITLE D  
NAME Weeks, Katie  
STREET ADDRESS 6170 A1A South #118  
CITY-ST-ZIP St. Augustine, FL 32080 ☐ Change ☒ Addition

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

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

*Richard H. Holmes* RICHARD H. HOLMES

Date

Daytime Phone #

(904) 471-9300

Richard Holmes, President