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**Apr 22, 1999 8:00 am**
**Secretary of State**
04-22-1999 90197 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

391747 - 90197 - 22

# DOCUMENT # N25932

1. Corporation Name
ATLANTIC TOWERS CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % WILLIAM B. TOWERS. JR.<br>8351 WESTPORT RD<br>JACKSONVILLE FL 32244<br>US | C/O WILLIAM B. TOWERS. JR.<br>8351 WESTPORT ROAD<br>JACKSONVILLE FL 32244<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 William B. Towers JR<br>Suite, Apt. #, etc.<br>22 1300 Riverplace Blvd. Suite 610<br>City & State<br>23 Jacksonville, FL<br>Zip 24 32207 Country 25 USA | 2a. Mailing Address<br>26 1300 Riverplace Blvd.<br>Suite, Apt. #, etc.<br>27 Suite 610<br>City & State<br>28 Jacksonville, FL<br>Zip 29 32207 Country 30 U.S.A. | 3. Date Incorporated or Qualifed<br>04/15/1988<br>4. FEI Number<br>59-2951411 ☐ Applied For ☐ Not Applicable<br>5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

BASS, CECILE EVANS
%ROGERS, TOWERS, BAILEY ET AL
1300 GULF LIFE DRIVE
JACKSONVILLE FL 32207

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | DP | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | TOWERS, WILLIAM B. JR. | | 1.2 NAME | |
| STREET ADDRESS | 2222 PARK STREET | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | |
| TITLE | VTD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | TOWERS, JOHN BARTLEY | | 2.2 NAME | |
| STREET ADDRESS | 2222 PARK STREET | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2. 4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | TOWERS, AGNES JONES | | 3.2 NAME | |
| STREET ADDRESS | 2222 PARK STREET | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4. CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 3-24-99 904-396-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #