

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90016 017 ****61.25

DOCUMENT # N25932 1. Entity Name ATLANTIC TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business <i>Chronister</i> CORINNE CHRONISTER 2371 SEMINOLE RD ATLANTIC BEACH FL 32233 US				Mailing Address 2371 SEMINOLE RD ATLANTIC BEACH FL 32233 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2951411	
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	
BASS, CECILE EVANS %ROGERS, TOWERS, BAILEY ET AL 1300 GULF LIFE DRIVE JACKSONVILLE FL 32207				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CORINNE, CRONISTER — <i>Chronister change</i> ☐ Delete 2371 SEMINOLE RD. ATLANTIC BEACH FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>need correction of last name</i> ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ADAMER, MARK — <i>Adamer change</i> ☐ Delete 136 OCEAN FOREST DR. N. ATLANTIC BEACH FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>need correction of last name</i> ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWERS, JOHN ☒ Delete 2371 SEMINOLE RD. ATLANTIC BEACH FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY BEARD ☒ Change ☒ Addition 2361 SEMINOLE RD. Atlantic Beach, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 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: <i>Corinne Chronister</i> — Corinne Chronister 4-12-04 246-7636 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					