

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

04-14-2008 90019 016 ****61.25

DOCUMENT # N25932 1. Entity Name ATLANTIC TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2371 SEMINOLE RD ATLANTIC BEACH, FL 32233 US			Mailing Address 2900 HARTLEY ROAD JACKSONVILLE, FL 32257 US		
2. Principal Place of Business - No P.O. Box # 2900 Hartley Rd		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville		City & State		4. FEI Number 59-2951411	
Zip FL		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE H.G. HALL 4738 BLANDING BLVD JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name: Stellar Properties Street Address (P.O. Box Number is Not Acceptable) 2900 Hartley Rd City: Jacksonville FL Zip Code: 32257		
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: <u><i>Chris Hallam</i></u> Chris Hallam, Agent Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)				DATE: 4/3/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	OPT ADAMEC, MARK 136 OCEANFOREST DR N. ATLANTIC BEACH, FL 32233 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Hoza 2365 Seminole Rd Atlantic Beach, FL 32233 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEISS, DAVID 2367 SEMINOLE RD ATLANTIC BEACH, FL 32233 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Adamec 2364 Seminole Rd Atlantic Beach, FL 32233 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEARD, LARRY 2361 SEMINOLE RD. ATLANTIC BEACH, FL 32233 ☐ 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	
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 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: <u><i>C.M. Hoza</i></u> CHRIS HOZA 20 MAY 08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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