FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27629** **(7)**

1. Corporation Name
ATLANTIC INDUSTRIAL PROPERTIES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
702 & 704 WEST PARK AVE EDGEWATER FL 32132	702 & 704 WEST PARK AVE EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2567680 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WAGNER, WILLIAM L.
101 N RIVERSIDE DR #703
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name: Thomas D. Wright P.A.
82 Street Address (P.O. Box Number Not Acceptable): 340 North Causeway
83
84 City: New Smyrna Beach FL 85 Zip Code: 32169

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ Thomas D. Wright P.A. _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	WAGNER, WILLIAM L.	12 NAME	Timothy P. Curran	
STREET ADDRESS	101 N RIVERSIDE DR #703	13 STREET ADDRESS	702-A1 W. Park Ave.	
CITY-ST-ZIP	NEW ;SMYRNA BEACH FL	14 CITY-ST-ZIP	Edgewater FL. 32132	
TITLE	DVP	21 TITLE	DS	☑ Change ☐ Addition
NAME	WAGNER, WILLIAM L., JR.	22 NAME	Louie Richardson	
STREET ADDRESS	702&704 W PARK AVE	23 STREET ADDRESS	704-H W. Park Ave.	
CITY-ST-ZIP	EDGEWATER FL	24 CITY-ST-ZIP	Edgewater, FL. 32132	
TITLE	SD	31 TITLE	T	☑ Change ☐ Addition
NAME	WAGNER, DOROTHY E.	32 NAME	Gregory Richardson	
STREET ADDRESS	101 N; RIVERSIDE DR #703	33 STREET ADDRESS	704-H W. Park Ave.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	34 CITY-ST-ZIP	Edgewater, FL. 32132	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Timothy P. Curran 2/24/95 (904) 426-5325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053016