

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N27629 (7)**

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



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

3. Date Incorporated or Qualified: **07/27/1988**  
3a. Date of Last Report: **05/01/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**WRIGHT, THOMAS D. P  
340 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32169**

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: \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CURRAN, TIMOTHY P.	
STREET ADDRESS	702-A1 W PARK AVE.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, LOUISE	
STREET ADDRESS	704-H W PARK AVE.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, GREGORY	
STREET ADDRESS	704-H W PARK AVE.	
CITY-ST-ZIP	EDGEWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas D. Alcorn	
1.3 STREET ADDRESS	855 Ladyfish Avenue B-205	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gary Lee	
2.3 STREET ADDRESS	2731 Evergreen Dr.	
2.4 CITY-ST-ZIP	Edgewater, FL 32141	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Doris Massey	
3.3 STREET ADDRESS	704 I West Park Avenue	
3.4 CITY-ST-ZIP	Edgewater, FL 32132	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: \_\_\_\_\_ (Signature typed or printed name of signing officer or director) DATE: 3-28-96 (904) 428-0975 DAYTIME PHONE: \_\_\_\_\_

CR2E037 (12/95)

PM 4-16-96