

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90064 011 ****61.25

DOCUMENT # N27629

1. Entity Name

**ATLANTIC INDUSTRIAL PROPERTIES CONDOMINIUM ASSOC
 IATION, INC.**

Principal Place of Business

Mailing Address

**702 & 704 WEST PARK AVE
 EDGEWATER FL 32132**

**702 & 704 WEST PARK AVE
 EDGEWATER FL 32132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2567680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**WRIGHT, THOMAS D. P
 340 NORTH CAUSEWAY
 NEW SMYRNA BEACH FL 32168**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
 NAME **D ALCORN, THOMAS D**
 STREET ADDRESS **240 GOLF CLUB DR.**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
 NAME **D LEE, GARY**
 STREET ADDRESS **2731 EVERGREEN DR.**
 CITY-ST-ZIP **EDGEWATER FL**

TITLE ☒ Delete
 NAME **D ALCORN, LUCILLE C**
 STREET ADDRESS **240 GOLF CLUB DRIVE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **CURRAN, CAROL - D**
 CITY-ST-ZIP **5990 SAWGRASS POINT DRIVE
 PORT ORANGE, FLORIDA 32128**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **JOHANSON, BETTY - D**
 CITY-ST-ZIP **438-BOUCHELLE-DRIVE-#303
 NEW SMYRNA BEACH, FL. 32168**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL CURRAN, TREASURER 1-11-02 386-426-5395

Date

Daytime Phone #

CR2E037 (9/01)