


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90025 044 ****61.25

DOCUMENT # N27629					
1. Entity 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		
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 <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent WRIGHT, THOMAS D. P 340 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169				7. Name and Address of New Registered Agent	
				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 _____
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 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	S/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CURRAN, CAROL			NAME	MOORE, KEITH		
STREET ADDRESS	5990 SAWGRASS POINT DR.			STREET ADDRESS	2840 GLENWOOD AVE.		
CITY-ST-ZIP	PORT ORANGE FL 32128			CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CURRAN, TIMOTHY			NAME	O'BRIEN, MICHAEL		
STREET ADDRESS	5990 SAWGRASS POINT DR.			STREET ADDRESS	1701 PERCH LANE		
CITY-ST-ZIP	PORT ORANGE FL 32128			CITY-ST-ZIP	SANFORD, FL. 32771		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHANSON, BETTY			NAME	SAMUELS, JAMES		
STREET ADDRESS	211 TREE BRANCH LANE			STREET ADDRESS	201 SWEET BAY AVE.		
CITY-ST-ZIP	EDGEWATER FL 32141			CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	P/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, BRIAN			NAME	CLARK, BRIAN		
STREET ADDRESS	36 ANDREA DRIVE			STREET ADDRESS	36 ANDREA DRIVE		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, THOMAS			NAME			
STREET ADDRESS	2840 GLENWOOD AVE			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHANSON, DONALD			NAME	JOHANSON, DONALD		
STREET ADDRESS	211 TREE BRANCH LANE			STREET ADDRESS	211 TREE BRANCH LANE		
CITY-ST-ZIP	EDGEWATER FL 32141			CITY-ST-ZIP	EDGEWATER, FL. 32141		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  KEITH MOORE 1-27-06 (386) 409-7501