

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27629

FILED
Jan 28, 2009
Secretary of State

Entity Name: ATLANTIC INDUSTRIAL PROPERTIES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

702 & 704 WEST PARK AVE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

702 & 704 WEST PARK AVE
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-2567680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, THOMAS D. P
340 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: O'BRIEN, MICHAEL
Address: 243 QUAY ASSISSI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: SAMUELS, JAMES
Address: 201 SWEET BAY AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD () Delete
Name: CLARK, BRIAN
Address: 36 ANDREA DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPD () Delete
Name: CLARK, BRIAN
Address: 36 ANDREA DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: HENDRICKS, JAMES
Address: 300 S. PENINSULA AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MOORE, KEITH O
Address: 2840 GLENWOOD AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH O. MOORE

STD

01/28/2009

Electronic Signature of Signing Officer or Director

Date