

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 # **N33658** (8)

1. Corporation Name

ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4601 SO ATLANTIC AVE
PONCE INLET FL 32127
US

4601 SO ATLANTIC AVE
PONCE INLET FL 32127
US

3. Date Incorporated or Qualified
08/11/1989

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, SANDIE
4601 SO ATLANTIC AVE
PONCE INLET FL 32127

81 Name

Robert Brazeau

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

4601 So Atlantic Ave.

83

206

84

City **Ponce Inlet,**

FL

85

Zip Code **32127**

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 **Robert Brazeau**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, SANDIE	
STREET ADDRESS	4601 SO ATLANTIC AVE #602	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CALDWELL, JIM	
STREET ADDRESS	4601 SO ATLANTIC AVE #703	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REICHOLD, CHARLIE	
STREET ADDRESS	4601 SO ATLANTIC AVE #306	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LLOPIZ, OSCAR	
STREET ADDRESS	4601 SO ATLANTIC AVE #103	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, SEABORN	
STREET ADDRESS	4601 S. ATLANTIC AVE #708	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Brazeau	
1.3 STREET ADDRESS	4601 So Atlantic Ave., # 206	
1.4 CITY-ST-ZIP	Ponce Inlet, FL 32127	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elmer Miller	
2.3 STREET ADDRESS	4601 So Atlantic Ave., #506	
2.4 CITY-ST-ZIP	Ponce Inlet, FL 32127	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Keith Altizer	
3.3 STREET ADDRESS	4601 SO ATLANTIC AVE. #208	
3.4 CITY-ST-ZIP	Ponce Inlet, FL 32127	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lloyd Beery	
4.3 STREET ADDRESS	4601 SO ATLANTIC AVE. # 207	
4.4 CITY-ST-ZIP	Ponce Inlet, FL 32127	
5.1 TITLE	MAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Marge Della Valle	
5.3 STREET ADDRESS	4601 SO ATLANTIC AVE. # 503	
5.4 CITY-ST-ZIP	Ponce Inlet, FL 32127	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001785003	
6.3 STREET ADDRESS	-04/18/96--01013--003	
6.4 CITY-ST-ZIP	***61.25	

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: **Robert Brazeau**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-96

Date

904-788-7782

Daytime Phone #

CR2E037 (12/95)