


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33658 (8)

1. Corporation Name
ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Principal Place of Business 4601 SO ATLANTIC AVE PONCE INLET FL 32127 US	Mailing Address 4601 SO ATLANTIC AVE PONCE INLET FL 32127 US
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3. Date Incorporated or Qualified
08/11/1989

4. FEI Number
59-2968389

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
Condo Assoc. Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BRAZEAU, ROBERT
4601 SO ATLANTIC AVE
#208
PONCE INLET FL 32127**

10. Name and Address of New Registered Agent

81 Name **Richard Moro**

82 Street Address (P.O. Box Number, is Not Acceptable)
4601 S. ATLANTIC AVE # 708

83 **PONCE INLET,**

84 City **FL** 85 Zip Code **32127**

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 **Richard Moro (Board President)** DATE **3/11/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAZEAU, ROBERT	1.2 NAME	Richard Moro
STREET ADDRESS	4601 SO ATLANTIC AVE., #208	1.3 STREET ADDRESS	4601 So Atlantic Ave. # 708
CITY-ST-ZIP	PONCE INLET FL 32127	1.4 CITY-ST-ZIP	Ponce Inlet, FL 32127
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ELMER	2.2 NAME	Vice Pres. Member At Large
STREET ADDRESS	4601 SO ATLANTIC AVE., #508	2.3 STREET ADDRESS	Lloyd Beery
CITY-ST-ZIP	PONCE INLET FL 32127	2.4 CITY-ST-ZIP	4601 So Atlantic Ave. # 207
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTIZER, KEITH	3.2 NAME	Treas.
STREET ADDRESS	4601 SO ATLANTIC AVE., #208	3.3 STREET ADDRESS	Marjorie DellaValle
CITY-ST-ZIP	PONCE INLET FL 32127	3.4 CITY-ST-ZIP	4601 So Atlantic Ave. # 503
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VATH, ERIC	4.2 NAME	(Same)
STREET ADDRESS	4601 SO ATLANTIC AVE. #207	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	4.4 CITY-ST-ZIP	
TITLE	MA <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLA VALLE, MARGE	5.2 NAME	Vice-Pres.
STREET ADDRESS	4601 SO ATLANTIC AVE	5.3 STREET ADDRESS	Keith Altizer
CITY-ST-ZIP	PONCE INLET FL 32127	5.4 CITY-ST-ZIP	4601 So Atlantic Ave. # 208
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Richard Moro PRESIDENT** DATE **3/11/98**

CR2E037 (10/97)