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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90062 011 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33658

1. Corporation Name
ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

* 1 8 2 8 5 3 *
 102053-90062-11

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/11/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2968389
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORO, RICHARD 4601 SO ATLANTIC AVE SUITE 708 PONCE INLET FL 32127		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 J. Moro DATE: 1/9/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORO, RICHARD	1.2 NAME	
STREET ADDRESS	4601 S ATLANTIC AVE, #708	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	1.4 CITY-ST-ZIP	
TITLE	DMP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEERY, LLOYN	2.2 NAME	
STREET ADDRESS	4601 S ATLANTIC AVE, #207	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLAVALLE, MAJORIE	3.2 NAME	DT JOE KELLEY
STREET ADDRESS	4601 S ATLANTIC AVE, #503	3.3 STREET ADDRESS	4601 S. ATLANTIC AVE.
CITY-ST-ZIP	PONCE INLET FL 32127	3.4 CITY-ST-ZIP	PONCE INLET, FL. 32127
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VATH, ERIC	4.2 NAME	
STREET ADDRESS	4601 SO ATLANTIC AVE. #207	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	4.4 CITY-ST-ZIP	
TITLE	VDP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTIZER, KEITH	5.2 NAME	VDP ELMER MILLER
STREET ADDRESS	4601 S ATLANTIC AVE, #208	5.3 STREET ADDRESS	4601 S. ATLANTIC AVE.
CITY-ST-ZIP	PONCE INLET FL 32127	5.4 CITY-ST-ZIP	PONCE INLET, FL. 32127
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, with all other like empowered.

SIGNATURE: Richard J. Moro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/198)