

DOCUMENT # N33658

FILED

00 MAR -8 PM 2:36

1. Entity Name

ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, IN

Principal Place of Business

Mailing Address

4601 SO ATLANTIC AVE
PONCE INLET FL 32127
US

4601 SO ATLANTIC AVE
PONCE INLET FL 32127-7044
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

702462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2968389

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORO, RICHARD
4601 SO ATLANTIC AVE
SUITE 708
PONCE INLET FL 32127

Name **ELMER MILLER**

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

4601 S. ATLANTIC AVE

City **PONCE INLET**

FL

Zip Code

32127

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.

SIGNATURE

Elmer Miller

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

(NOTE: Registered Agent signature required when reinstating)

1/10/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
NAME **MORO, RICHARD**
STREET ADDRESS **4601 S ATLANTIC AVE, #708**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **DP** Change Addition
NAME **ELMER MILLER**
STREET ADDRESS **4601 S. ATLANTIC AVE.**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **DMP** Delete
NAME **BEERY, LLOYN**
STREET ADDRESS **4601 S ATLANTIC AVE, #207**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **DMP** Change Addition
NAME **MIKE CONLAN**
STREET ADDRESS **1733 FOUNTAINHEAD DR.**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **DT** Delete
NAME **KELLEY, JOE**
STREET ADDRESS **4601 S. ATLANTIC AVE.**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE Change Addition
NAME **900003170129--6**
STREET ADDRESS **-03/14/00--01126--032**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE **D** Delete
NAME **VATH, ERIC**
STREET ADDRESS **4601 SO ATLANTIC AVE. #207**
CITY-ST-ZIP **PONCE INLET FL**

TITLE Change Addition
NAME Change Addition

TITLE **VDP** Delete
NAME **MILLER, ELMER**
STREET ADDRESS **4601 S. ATLANTIC AVE.**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **D** Change Addition
NAME **MARGE DELLAVALLE**
STREET ADDRESS **PO Box 354**
CITY-ST-ZIP **HAMPDEN, MA. 01036**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Elmer Miller **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00
Date

904-788-7786
Daytime Phone #