5/15/01-90209-03

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 19, 2001 8:00 am**
**Secretary of State**
05-15-2001 90209 035 ****61.25

DOCUMENT # N33658

1. Entity Name

ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, IN

| Principal Place of Business | Mailing Address |
|---|---|
| 4601 SO ATLANTIC AVE<br>PONCE INLET FL 32127<br>US | 4601 SO ATLANTIC AVE<br>PONCE INLET FL 32127<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2968389 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MILLER, ELMER<br>4601 SO ATLANTIC AVE<br>PONCE INLET FL 32127 | Name: MIKE CONLAN<br>Street Address (P.O. Box Number is Not Acceptable): 1733 FOUNTAINHEAD DR.<br>City: LAKE MARY, FL FL Zip Code: 32746 |

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 _____ DATE

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

| 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MILLER, ELMER<br>4601 SO ATLANTIC AVE<br>PONCE INLET FL 32127 | ☑ Delete | DP<br>MIKE CONLAN<br>1733 FOUNTAINHEAD DR.<br>LAKE MARY, FL 32746 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VMP<br>CONLAN, MIKE<br>1733 FOUNTAINHEAD DR.<br>LAKE MARY FL 32746 | ☐ Delete | VMP<br>ROGER NOONAN<br>871 GOLF VALLEY DR.<br>APOPKA, FL 32712 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>KELLEY, JOE<br>4601 S. ATLANTIC AVE.<br>PONCE INLET FL 32127 | ☐ Delete | DT<br>LOU KOPIEBERGER<br>4601 S. ATLANTIC AVE<br>PONCE INLET, FL 32127 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VATH, ERIC<br>4601 SO ATLANTIC AVE. #207<br>PONCE INLET FL | ☐ Delete | DS<br>ERIC VATH<br>4601 S. ATLANTIC AVE<br>PONCE INLET, FL 32127 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DELLAVALLE, MARGE<br>P.O. BOX 354<br>HAMPDEN MA 01036 | ☑ Delete | D<br>JOE KELLY<br>4601 S. ATLANTIC AVE<br>PONCE INLET, FL 32127 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: _____ 4-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #