


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N33658 1. Entity Name ATLANTICA CONDOMINIUM MANAGEMENT ASSOCIATION, INC.	
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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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DO NOT WRITE IN THIS SPACE



01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2968389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINDLEBERGER, L.
4601 S. ATLANTIC AVE.
PONCE INLET, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KNDLEBERGER, LOU 4601 S. ATLANTIC AVE. #608 PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MARTIN 2281 CHIMNEY SWIFT CIR MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARITN, DON 14104 BRAMBLE BUSH COURT ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MERRELL, J 109 ASHFORD DR. WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILBRICH, P. 107 AMBERWOOD CT. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000624090
02/14/07-80017-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **1/29/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #