

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90051 020 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N33846**

1. Corporation Name  
**ATLANTIC PLACE PROPERTY OWNER'S ASSOCIATION, INC**

Principal Place of Business  
 614 S. OCEAN DR.  
 FT. PIERCE FL 34949  
 US

Mailing Address  
 614 S. OCEAN DRIVE  
 FT. PIERCE FL 34949-3210  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/23/1989</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <del>ROAWDEN, ROBERT          3170 LEEWOOD TERR          #L214          FT. PIERCE, FL 34949</del>	10. Name and Address of New Registered Agent 81 Name <b>PHILIP RICHARDSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>614 S. OCEAN DR.</b> 83 84 City <b>FT PIERCE</b> FL 85 Zip Code <b>34949</b>
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11. Pursuant to the provisions of Sections 617.0402 and 617.1503, 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: *Philip Richardson* DATE: **4-26-99**

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 <b>STD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERNANDEZ, JESUS</b>		1.2 NAME <b>ELAINE RICHARDSON</b>	
STREET ADDRESS <b>321 NORWOOD TERR N222</b>		1.3 STREET ADDRESS <b>614 S OCEAN DR</b>	
CITY-ST-ZIP <b>FT. PIERCE FL 33431</b>		1.4 CITY-ST-ZIP <b>FT PIERCE, FL 34949</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BARBARA, LINDA</b>		2.2 NAME <b>PAUL ROMEO</b>	
STREET ADDRESS <b>321 NORWOOD TERR N221</b>		2.3 STREET ADDRESS <b>614 S OCEAN DR</b>	
CITY-ST-ZIP <b>FT. PIERCE FL 33431</b>		2.4 CITY-ST-ZIP <b>FT PIERCE FL 34949</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROAWDEN, ROBERT</b>		3.2 NAME <b>PHILIP RICHARDSON</b>	
STREET ADDRESS <b>3170 LEEWOOD TERR L214</b>		3.3 STREET ADDRESS <b>614 S OCEAN DR</b>	
CITY-ST-ZIP <b>ASHLAND MA 33431</b>		3.4 CITY-ST-ZIP <b>FT PIERCE, FL 34949</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: *Philip Richardson* DATE: **4-26-99**

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

CR2E037 (11/98)