

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90438 020 ****61.25

DOCUMENT # N33846

1. Entity Name

ATLANTIC PLACE PROPERTY OWNER'S ASSOCIATION, INC

Principal Place of Business

Mailing Address

**614 S. OCEAN DR.
 FT. PIERCE FL 34949
 US**

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

BUU74781



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

NOT APPLICABLE

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

**RICHARDSON, PHILLIP
 614 S OCEAN DRIVE
 FT PIERCE FL 34449**

Name

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

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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 **STD** Delete
 NAME **RICHARDSON, ELAINE**
 STREET ADDRESS **614 S OCEAN DRIVE**
 CITY-ST-ZIP **FT PIERCE FL 34949**

Change Addition

TITLE **D** Delete
 NAME **ROMEO, PAUL**
 STREET ADDRESS **612 S OCEAN DRIVE**
 CITY-ST-ZIP **FT PIERCE FL 34949**

Change Addition

TITLE **PD** Delete
 NAME **RICHARDSON, PHILIP**
 STREET ADDRESS **614 S OCEAN DRIVE**
 CITY-ST-ZIP **FT PIERCE FL 34949**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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: _____

Philip P. Richardson
PHILIP P. RICHARDSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)