


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90062 038 \*\*\*\*61.25

**DOCUMENT # N33846**

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



Principal Place of Business  
~~618 S. OCEAN DR.~~  
**FT. PIERCE, FL 34949 US**

Mailing Address  
~~618 S. OCEAN DR.~~  
**FT. PIERCE, FL 34949 US**

2. Principal Place of Business  
**620 S. Ocean Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**620 S. Ocean Dr.**  
 Suite, Apt. #, etc.

City & State  
 **Ft. Pierce FL**

City & State  
 **Ft. Pierce FL**

Zip  
**34949** Country **US**

Zip  
**34949** Country **US**



06102005 Chg-NP CR2E03/ (10/03)

6. Name and Address of Current Registered Agent  
**MARGETTS, DAVID**  
**618 S OCEAN DRIVE**  
**FT PIERCE, FL 34449**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Evelyn M. Bost**

Street Address (P.O. Box Number is Not Acceptable)  
**620 S. Ocean Dr.**

City **Ft. Pierce** **FL** Zip Code **34949**

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 *Evelyn M. Bost* **08/16/05**  
(NOTE: Registered Agent signature required when changing) DATE

Filing Fee is **\$61.25**  
**Due by September 7, 2005**

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

Make check payable to **Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAWLER, ALAN 618 S. OCEAN DRIVE FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMEO, PAUL 612 S OCEAN DRIVE FT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID MARGETTS, DAVID 618 S. OCEAN DRIVE FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOST, EVELYN 620 S. OCEAN DRIVE FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, EDWARD 616 S. OCEAN DRIVE FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marie Romeo 612 S. Ocean Dr. Ft. Pierce, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 817, 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: *Evelyn M. Bost, Pres.* **08/16/05 (954) 183-8080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE  daytime phone #

**Evelyn M. Bost**