


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N33846	
1. Entity Name ATLANTIC PLACE PROPERTY OWNER'S ASSOCIATION, INC.	

Principal Place of Business 620 S OCEAN DR FORT PIERCE, FL 34949 US	Mailing Address 620 S OCEAN DR FORT PIERCE, FL 34949 US
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DO NOT WRITE IN THIS SPACE



08122006 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BOST, EVELYN M
620 S OCEAN DR
FORT PIERCE, FL 34949

**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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by September 6, 2006**

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	PD ROMEO, MARIE 612 S OCEAN DR FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMEO, PAUL 612 S OCEAN DRIVE FT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOST, EVELYN 620 S. OCEAN DRIVE FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, EDWARD 816 S. OCEAN DRIVE FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/16/06-80005-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Evelyn M. Bost, President*