

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

**FILED**  
**Apr 23, 2007 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**



04202007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 PD  
NAME ROMEO, MARIE  
STREET ADDRESS 612 S OCEAN DR  
CITY-ST-ZIP FORT PIERCE, FL 34949

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

TITLE D  
NAME BOST, EVELYN  
STREET ADDRESS 620 S. OCEAN DRIVE  
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE D  
NAME WEISS, EDWARD  
STREET ADDRESS 616 S. OCEAN DRIVE  
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000725070  
05/03/07-80007-024 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 another like empowered.

**SIGNATURE:**

*Evelyn M. Bost*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/07 (954) 783-8080  
Date Daytime Phone #