

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 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

6. Name and Address of Current Registered Agent
BOST, EVELYN M
620 S OCEAN DR
FORT PIERCE, FL 34949

01152008 No Chg-NP CR2E037 (4/08)

4. FEI Number
NOT APPLICABLE

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



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, 2008

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 812 S OCEAN DR FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMEO, PAUL 812 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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 02/11/08-80004-007 61.25

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 01/30/08 954-783-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # EXT. 103