


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90123 005 ****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**

2. Principal Place of Business 3. Mailing Address

618 S. Ocean Drive **618 S. Ocean Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Fort Pierce, Florida **Fort Pierce Florida**

Zip Country Zip Country

34949 **U.S.A.** **34949** **U.S.A.**

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Margetts David**

Street Address (P.O. Box Number is Not Acceptable)
618 South Ocean Drive

City **Fort Pierce Florida** FL Zip **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 **David Margetts** DATE **April 14, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	STD	<input type="checkbox"/> Delete
NAME	RICHARDSON, ELAINE	
STREET ADDRESS	614 S OCEAN DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMEO, PAUL	
STREET ADDRESS	612 S OCEAN DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARDSON, PHILIP	
STREET ADDRESS	614 S OCEAN DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowers.

SIGNATURE: **David Margetts** DATE: **April 14, 2003**

CR2E037 (10/02)