

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N39871

1. Entity Name

ATLANTIC 22 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2390 N. OCEAN SHORE BLVD.
APT. 101
ORMOND BEACH FL 32176-2423

2390 N. OCEAN SHORE BLVD.
APT. 101
ORMOND BEACH FL 32176-2423

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3037535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, CLARENCE
2390 OCEAN SHORE BLVD
\$104
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Clarence R. Stewart

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

(NOTE: Registered Agent signature required when reissuing)

1/22/07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	DE Lisle, JOE	
STREET ADDRESS	2390 OCEAN SHORE BLVD	
CITY-STATE-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, CLARENCE	
STREET ADDRESS	2390 OCEAN SHORE BLVD #104	
CITY-STATE-ZIP	ORMOND BEACH FL 32176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUNT, DAVID	
STREET ADDRESS	34 PAIDS PEET AVE	
CITY-STATE-ZIP	BRIDGEWATER NJ 08807	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIGIACOMO, SANDY	
STREET ADDRESS	38 HARVEY ROAD	
CITY-STATE-ZIP	CLIFTON NJ 07102	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRYANT, GLENDA	
STREET ADDRESS	PO BOX 1555	
CITY-STATE-ZIP	SUWANEE GA 30024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Clarence R. Stewart

1/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #