

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90244 028 ****61.25

DOCUMENT # N41603

1. Entity Name
**ATLANTIC VIEW BEACH CLUB CONDOMINIUM NO. ONE
ASSOCIATION, INC.**



Principal Place of Business
**5047 N. A1A
FORT PIERCE, FL 34949 US**

Mailing Address
**ELLIOTT MERRILL COMMERCIAL MGMT.
835 20TH PLACE
VERO BEACH, FL 32960**

20044173



2. Principal Place of Business

3. Mailing Address

VISTA PROPERTIES MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 VISTA ROALE BLVD

01122006

Chg-NP

CR2E037 (11/05)

City & State

VERO BEACH, FL 32962

4. FEI Number

65-0166816

Applied For

Not Applicable

Zip

Country

Zip

32962

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELLIOTT MERRILL COMMUNITY MANAGEMENT
835 20TH PLACE
VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent

Name **WILLIAM REUTER**

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

5047 N A1A # 1805

City

FORT PIERCE

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

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 **VP** ☒ Delete
NAME **LARKIN, HUGH**
STREET ADDRESS **5047 N. A1A # 1101**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE **DT** ☐ Delete
NAME **DAVIS, KEN**
STREET ADDRESS **5047 N. A1A # 202**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE **RP** ☐ Delete
NAME **REUTER, WILLIAM**
STREET ADDRESS **5047 N. A1A # 1805**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE **DB** ☒ Delete
NAME **GENOVESE, JAMES**
STREET ADDRESS **5047 N. A1A # 1804**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE **S** ☒ Delete
NAME **VAN WAGNER, WILLIAM**
STREET ADDRESS **5047 N. A1A # 505**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **MAURICE LEPINE**
STREET ADDRESS **5047 N A1A # 906**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TENNIS HATFIELD**
STREET ADDRESS **5047 N A1A # 1202**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE ☐ Change ☒ Addition
NAME **JIM SULLIVAN**
STREET ADDRESS **5047 N A1A # 1401**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM N. REUTER

April 28 '06

772 4162 0618