
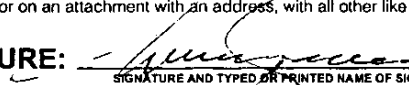


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90323 004 \*\*\*\*61.25

<b>DOCUMENT # N41603</b> 1. Entity Name <b>ATLANTIC VIEW BEACH CLUB CONDOMINIUM NO. ONE ASSOCIATION, INC.</b>					
Principal Place of Business <b>5047 N. A1A FORT PIERCE, FL 34949 US</b>			Mailing Address <b>VISTA PROPERTIES MGMT 100 VISTA ROALE BLVD VERO BEACH, FL 32962</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>REUTEK, WILLIAM 5047 N A1A 1805 FORT PIERCE, FL 34949</del>				Name <b>SAMUEL BLOCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>21 Royal Palm Pointe</b> <b>Suite 100</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32960</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>LEPINE, MAURICE</b> <b>5047 N A1A 906</b> <b>FORT PIERCE, FL 34949</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>DAVIS, KEN</b> <b>5047 N. A1A # 202</b> <b>FORT PIERCE, FL 34949</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Pres.</b> <b>REUTER, WILLIAM</b> <b>5047 N. A1A # 1805</b> <b>FORT PIERCE, FL 34949</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HATFIELD, TENNIS</b> <b>5047 N AIR 1202</b> <b>FORT PIERCE, FL 34949</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Louanne Cecconi</b> <b>5047 N A1A # 701</b> <b>Ft. Pierce, FL 34949</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN WAGNER, WILLIAM</b> <b>5047 N A1A 1401</b> <b>FORT PIERCE, FL 34949</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>James Sullivan</b> <b>5047 N A1A #1401</b> <b>Ft. Pierce, FL 34949</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>04-16-07 772466 9832</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		