

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90198 013 ****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
VISTA PROPERTIES MGMT
100 VISTA ROALE BLVD
VERO BEACH, FL 32962

APPROVED:

60034164



02052008 Chg-NP CR2E037 (12/06)

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
65-0166816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCK, SAMUEL
21 ROYAL PALM POINTE
SUITE 100
VERO BEACH, FL 32960

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME LEPINE, MAURICE
STREET ADDRESS 5047 N A1A 906
CITY-ST-ZIP FORT PIERCE, FL 34949

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

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

TITLE TREAS + VICE PRES ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE S ☐ Delete
NAME CECCONI, LOUANNE
STREET ADDRESS 5047 N A1A #701
CITY-ST-ZIP FORT PIERCE, FL 34949

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

TITLE D ☐ Delete
NAME SULLIVAN, JAMES
STREET ADDRESS 5047 N A1A 1401
CITY-ST-ZIP FORT PIERCE, FL 34949

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #