

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41603

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

5047 N. A1A
FORT PIERCE, FL 34949 US

New Principal Place of Business:

Current Mailing Address:

VISTA PROPERTIES MGMT
100 VISTA ROALE BLVD
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 65-0166816 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEPINE, MAURICE
Address: 5047 N A1A 906
City-St-Zip: FORT PIERCE, FL 34949

Title: TV () Delete
Name: DAVIS, KEN
Address: 5047 N. A1A # 202
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: REUTER, WILLIAM
Address: 5047 N. A1A # 1805
City-St-Zip: FORT PIERCE, FL 34949

Title: S () Delete
Name: CECCONI, LOUANNE
Address: 5047 N A1A #701
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: SULLIVAN, JAMES
Address: 5047 N A1A 1401
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PEZELJ, JACK
Address: 5047 N. A1A # 1501
City-St-Zip: FORT PIERCE, FL 34949

Title: SEC (X) Change () Addition
Name: BENARDO, STEVEN M
Address: 5047 N A1A #PH-1
City-St-Zip: FORT PIERCE, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE LEPINE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date