

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000682

FILED
Jan 22, 2004
Secretary of State

Entity Name: ATLANTIC WHITECAPS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3400 NORTH SURF RD.
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

3400 NORTH SURF RD.
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 65-0692421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVELLI, SCOTT
3400 N SURD RD
HOLLYWOOD, FL 33019

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: DP () Delete
Name: BENITEZ, EMILIO
Address: 3400 N SURD RD #7
City-St-Zip: HOLLYWOOD, FL 33019

Title: DS () Delete
Name: BENITEZ, EMILIO
Address: 3400 N SURF ROAD #7
City-St-Zip: HOLLYWOOD, FL 33019

Title: DT () Delete
Name: RIVELLI, SCOTT
Address: 3400 NORTH SURF ROAD #7
City-St-Zip: HOLLYWOOD, FL 33019

Title: DV () Delete
Name: PERLMAN, SANDRA
Address: 3400 N SURF RD #1
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DV (X) Change () Addition
Name: RICHARD, CASTILLO
Address: 3400 N SURF RD #5
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT RIVELLI

DT

01/22/2004

Electronic Signature of Signing Officer or Director

Date