

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 23, 2007 08:00 AM

Secretary of State

Handwritten signature

DOCUMENT # P04000118452

1. Entity Name
ATLANTIC LAND MANAGEMENT, INC.



Principal Place of Business
**2101 CENTREPARK WEST DRIVE
SUITE 100
WEST PALM BEACH, FL 33409**

Mailing Address
**2101 CENTREPARK WEST DRIVE
SUITE 100
WEST PALM BEACH, FL 33409**



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2476680

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD LELONEK, JOSEPH D 2101 CENTREPARK WEST DRIVE #100 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD BENTZ, ROBERT A 2101 CENTREPARK WEST DRIVE #100 WEST PALM BEACH, FL 33409
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05/02/07-80076-017 158.75

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IN THIS SPACE**

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 607, 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

Handwritten signature: Joseph D. Lelonek, officer 4/19/07 561-478-8501

Date

Daytime Phone #