

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003002

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC0908136948**

**Entity Name:** ATLANTIC VILLAS CONDOMINIUM OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

701 N. ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

P.O.BOX 2082  
NEW SMYRNA BEACH, FL 32170

**FEI Number: 59-3716678**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAN ABOUT TOWN INC.  
705 N. ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169 US

*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

**Officer/Director Detail :**

Title D  
Name PASSALACQUA, JOE  
Address 275 STIRLING AVE  
City-State-Zip: WINTER PARK FL 32789

Title PD  
Name MCHENRY, RANDY  
Address 701 N. ATLANTIC AVE. UNIT 801  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title SD, TD  
Name PARKHILL, ROBERT L  
Address 5656 BEAR STONE RUN  
City-State-Zip: ORLANDO FL 32765

Title D  
Name BURGHARD, RAY  
Address 2221 LEE RD  
STE. 27  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name COBB, MARVIN  
Address 949 VICTORIA TERRACE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*I hereby 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 all other like empowered.*

**SIGNATURE: RANDY MCHENRY**

**PRESIDENT**

**04/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date