

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15293

**Entity Name:** ATLANTIC TERRACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3629 S ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32127**Current Mailing Address:**3629 S ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32127**FEI Number: 59-2772488****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPM RESORTS, INC.  
3629 S ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32127 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: PATRICIA DOCHERTY****03/08/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ADAMS, PAT  
Address 144 HUNTINGTON DRIVE  
City-State-Zip: PINEVILLE LA 71360

Title DIRECTOR  
Name LONGMAN, LARRY  
Address 11486 HIDDEN BAY  
City-State-Zip: INDIANAPOLIS IN 43236

Title SECRETARY  
Name ADAMS-GOVERO, DEBI  
Address 16262 MADDEN CREEK ROAD  
City-State-Zip: ST. GENEVIEVE MO 63670

Title TREASURER  
Name STANBOROUGH, ROBERT  
Address 4217 ROCKY LEDGE WAY  
City-State-Zip: SNELLVILLE GA 30039

Title PRESIDENT  
Name WILLIAMS, MICHAEL E  
Address 3718 S. 800 W.  
City-State-Zip: LYONS IN 43236

Title DIRECTOR  
Name BRADSHAW, JAMES  
Address 1207 EL CAMINO DRIVE  
City-State-Zip: PEKIN IL 61554

Title VP  
Name O'KEEFE, FRANK  
Address 328 GRANDE SUNNINGDALE LOOP  
City-State-Zip: DAYTONA BEACH FL 32124

Title DIRECTOR  
Name GAUDETTE, ED  
Address 24 EAST EARLE STREET  
City-State-Zip: CUMBERLAND RI 02864

**Continues on page 2**

*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: MICHAEL WILLIAMS****PRESIDENT****03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	LOWE, BETTY
Address	301 S. MOUNT CARMEL ROAD
City-State-Zip:	BRANDON FL 33511