## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15293

Entity Name: ATLANTIC TERRACE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 05, 2024
Secretary of State
6077093918CC

**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:

CAPITAL VACATIONS, 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: ZSUZSANNA NOVIELLO 03/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

NameADAMS, PATNameLONGMAN, LARRYAddress144 HUNTINGTON DRIVEAddress11486 HIDDEN BAY

City-State-Zip: PINEVILLE LA 71360 City-State-Zip: INDIANAPOLIS IN 43236

Title SECRETARY Title PRESIDENT

Name ADAMS-GOVERO, DEBI Name WILLIAMS, MICHAEL E

Address 16262 MADDEN CREEK ROAD Address 3718 S. 800 W.

City-State-Zip: ST. GENEVIEVE MO 63670 City-State-Zip: LYONS IN 43236

Title VP Title DIRECTOR

Name O'KEEFE, FRANK Name PROSTLER, KEITH

Address 328 GRANDE SUNNINGDALE LOOP Address 3174 WEYMOUTH WAY

City-State-Zip: DAYTONA BEACH FL 32124 City-State-Zip: RESCUE CA 95672

Title DIRECTOR
Name HOBBS, KIRK

Address 841 LAKE WORTH CIR. City-State-Zip: LAKE MARY FL 32746

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 03/05/2024