

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707725 (8)

1. Corporation Name

THE ATLANTIS VILLAS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:41

Principal Place of Business

101 VILLA CIRCLE
LAKE WORTH FL 33462-1317

Mailing Address

101 VILLA CIRCLE
LAKE WORTH FL 33462-1317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1964

3a. Date of Last Report

04/05/1994

4. FBI Number

59-1590286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FARMER, CLYDE
101 VILLA CIR.
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BARTLETT, CARRIE

STREET ADDRESS

109 VILLA CIR.

CITY- ST- ZIP

ATLANTIS FL

TITLE

PDT

NAME

FARMER, CLYDE

STREET ADDRESS

101 VILLA CIR.

CITY- ST- ZIP

ATLANTIS FL

TITLE

VD

NAME

DEANER, WILLIAM

STREET ADDRESS

110 VILLA CIR.

CITY- ST- ZIP

ATLANTIS FL

DECEASED

TITLE

D

NAME

MURRAY, JOHN

STREET ADDRESS

117 VILLA CIR.

CITY- ST- ZIP

ATLANTIS FL

TITLE

D

NAME

BIDDELL, JOHN

STREET ADDRESS

102 VILLA CIRCLE

CITY- ST- ZIP

ATLANTIS FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

SD
BARBARA SIMONS
123 VILLA CIRCLE
ATLANTIS FL 33462-1317

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clyde F Farmer, President

CLYDE F FARMER

3/4/95

407-968-8204