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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 707725 (8)

1. Corporation Name
THE ATLANTIS VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 VILLA CIRCLE LAKE WORTH FL 33462-1317	101 VILLA CIRCLE LAKE WORTH FL 33462-1317

3. Date Incorporated or Qualified: 08/21/1964
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21 111 VILLA CIRCLE
22 Suite, Apt #, etc.
23 City & State: ATLANTIS FL
24 Zip: 33462
25 Country: USA

2a. Mailing Address
26 111 VILLA CIRCLE
27 Suite, Apt #, etc.
28 City & State: ATLANTIS, FL
29 Zip: 33462
30 Country: USA

4. FEI 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

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

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: MORGAN F. LARSON
82 Street Address (P.O. Box Number is Not Acceptable): 111 VILLA CIRCLE
83
84 City: ATLANTIS FL 85 Zip Code: 33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Morgan F Larson MORGAN F. LARSON 3/20/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	BARTLETT, CARRIE		1.2 NAME	E.T DAISLEY JR	
STREET ADDRESS	109 VILLA CIR.		1.3 STREET ADDRESS	115 VILLA CIRCLE	
CITY-ST-ZIP	ATLANTIS FL		1.4 CITY-ST-ZIP	ATLANTIS FL	
TITLE	PDT	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	FARMER, CLYDE		2.2 NAME	CLYDE FARMER	
STREET ADDRESS	101 VILLA CIR.		2.3 STREET ADDRESS	101 VILLA CIRCLE	
CITY-ST-ZIP	ATLANTIS FL		2.4 CITY-ST-ZIP	ATLANTIS FL	
TITLE	VDS	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BARBARA SIMONS		3.2 NAME	BARBARA SIMONS	
STREET ADDRESS	123 VILLA CIRCLE		3.3 STREET ADDRESS	123 VILLA CIRCLE	
CITY-ST-ZIP	ATLANTIS FL		3.4 CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	☒ DELETE	4.1 TITLE	DV	☒ Change ☒ Addition
NAME	MURRAY, JOHN		4.2 NAME	ROBERT THOMPSON	
STREET ADDRESS	117 VILLA CIR.		4.3 STREET ADDRESS	103 VILLA CIRCLE	
CITY-ST-ZIP	ATLANTIS FL		4.4 CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	☒ DELETE	5.1 TITLE	TD	☒ Change ☒ Addition
NAME	BIDDELL, JOHN		5.2 NAME	MORGAN F LARSON	
STREET ADDRESS	102 VILLA CIRCLE		5.3 STREET ADDRESS	111 VILLA CIRCLE	
CITY-ST-ZIP	ATLANTIS FL		5.4 CITY-ST-ZIP	ATLANTIS FL	
TITLE		☐ DELETE	6.1 TITLE	S	☒ Change ☒ Addition
NAME			6.2 NAME	NANCY THOMPSON	
STREET ADDRESS			6.3 STREET ADDRESS	103 VILLA CIRCLE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ATLANTIS FL	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Morgan F Larson MORGAN F. LARSON 3/20/97 561-439-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0043768