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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707725** (8)

1. Corporation Name

THE ATLANTIS VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

111 VILLA CR
ATLANTIS FL 33462
US

111 VILLA CR
ATLANTIS FL 33462
US

3. Date Incorporated or Qualified

08/21/1964

4. FEI Number

59-1590286

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, MORGAN F
111 VILLA CR
ATLANTIS FL 33462

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DAISLEY, ET JR
STREET ADDRESS 113 VILLA CR
CITY-ST-ZIP ATLANTIS FL

TITLE D ☐ DELETE

NAME FARMER, CLYDE
STREET ADDRESS 101 VILLA CR
CITY-ST-ZIP ATLANTIS FL

TITLE D ☐ DELETE

NAME BARBARA SIMONS
STREET ADDRESS 123 VILLA CIRCLE
CITY-ST-ZIP ATLANTIS FL

TITLE DV ☐ DELETE

NAME THOMPSON, ROBERT
STREET ADDRESS 103 VILLA CR
CITY-ST-ZIP ATLANTIS FL

TITLE TD ☐ DELETE

NAME LARSON, MORGAN
STREET ADDRESS 111 VILLA CR
CITY-ST-ZIP ATLANTIS FL

TITLE S ☐ DELETE

NAME THOMPSON, NANCY
STREET ADDRESS 103 VILLA CR
CITY-ST-ZIP ATLANTIS FL

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

14. I 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 3/12/98 561-439-7324

CR2E037 (10/97)