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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707725

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip [25] Country

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip [29] Country [30]

3. Date Incorporated or Qualifed
08/21/1964

4. FEI Number
59-1590286
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

LARSON, MORGAN F
111 VILLA CR
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAISLEY, ET JR		1.2 NAME		
STREET ADDRESS	113 VILLA CR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FARMER, CLYDE		2.2 NAME	ROYER, CHRISTOFER	
STREET ADDRESS	101 VILLA CIR.		2.3 STREET ADDRESS	102 VILLA CIRCLE	
CITY-ST-ZIP	ATLANTIS FL		2.4 CITY-ST-ZIP	ATLANTIS, FL 33462	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARBARA SIMONS		3.2 NAME		
STREET ADDRESS	123 VILLA CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
	THOMPSON, ROBERT		4.2 NAME		
STREET ADDRESS	103 VILLA CR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		4.4 CITY-ST-ZIP		
	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
	LARSON, MORGAN		5.2 NAME		
STREET ADDRESS	111 VILLA CR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		5.4 CITY-ST-ZIP		
	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
	THOMPSON, NANCY		6.2 NAME		
STREET ADDRESS	103 VILLA CR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Morgan F Larson REQ MORGAN F LARSON 2/2/99 561-439-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)