2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 707725

1. Entity 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

02292004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

LARSON, MORGAN F
111 VILLA CR
ATLANTIS, FL 33462

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000075140
03/03/04-80047-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAISLEY, ET JR
STREET ADDRESS	113 VILLA CR
CITY-ST-ZIP	ATLANTIS, FL
TITLE	D
NAME	VISCONIS, GAIL
STREET ADDRESS	107 VILLA CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	D
NAME	CASEY, PATRICK
STREET ADDRESS	119 VILLA CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	D
NAME	SCOTT, BERNARD
STREET ADDRESS	109 VILLA CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	TD
NAME	LARSON, MORGAN
STREET ADDRESS	111 VILLA CR
CITY-ST-ZIP	ATLANTIS, FL
TITLE	S
NAME	THOMPSON, NANCY
STREET ADDRESS	103 VILLA CR
CITY-ST-ZIP	ATLANTIS, FL

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael V Larson 2/29/2004 561-439-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #