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Feb 18 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 # **714261** (5)

1. Corporation Name

THE ATLANTIS REGENCY CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**169 ATLANTIS BLVD
ATLANTIS FL 33462**

**169 ATLANTIS BLVD
ATLANTIS FL 33462**

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

**ALBERT, DOLORES
169 ATLANTIS BLVD APT 308
ATLANTIS FL 33462**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

**D
NAME DONALD C. MAHRER
STREET ADDRESS 6691 WESTVIEW DR.
CITY-ST-ZIP LAKE WORTH FL**

TITLE ☐ DELETE

**STD
NAME ALBERT, DOLORES
STREET ADDRESS 169 ATLANTIS BLVD #308
CITY-ST-ZIP ATLANTIS FL**

TITLE ☐ DELETE

**DV
NAME GREGG, JOSEPH
STREET ADDRESS 169 ATLANTIS BLVD. #204
CITY-ST-ZIP ATLANTIS FL**

TITLE ☐ DELETE

**PD
NAME STEDEM, DANIEL
STREET ADDRESS 169 ATLANTIS BLVD #104
CITY-ST-ZIP ATLANTIS FL**

TITLE ☐ DELETE

**D
NAME PENSKE, CLIFFORD
STREET ADDRESS 169 ATLANTIS BLVD, # 103
CITY-ST-ZIP ATLANTIS FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Dolores Albert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores Albert

2/16/98

561-967-4909

Daytime Phone # 0044562

CR2E037 (10/97)