

FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90148 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714261

1. Corporation Name

THE ATLANTIS REGENCY CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

169 ATLANTIS BLVD
ATLANTIS FL 33462

Mailing Address

169 ATLANTIS BLVD
ATLANTIS FL 33462



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/18/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1315394	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ALBERT, DOLORES
169 ATLANTIS BLVD APT 308
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name	Lorraine Heine	
82 Street Address (P.O. Box Number is Not Acceptable)		
83	169 Atlantis Blvd. #107	
84 City	FL	85 Zip Code
Atlantis		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 Lorraine Heine, Sec/Treas.

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

(NOTE: Registered Agent signature required when remitting)

DATE

3/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD C. MAHRER	1.2 NAME	
STREET ADDRESS	6691 WESTVIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERT, DOLORES	2.2 NAME	Lorraine Heine
STREET ADDRESS	169 ATLANTIS BLVD #308	2.3 STREET ADDRESS	169 Atlantis Blvd. #107
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	Atlantis, FL 33462-1169
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGG, JOSEPH	3.2 NAME	Edward Marasciulo
STREET ADDRESS	169 ATLANTIS BLVD.#204	3.3 STREET ADDRESS	169 Atlantis Blvd. #203
CITY-ST-ZIP	ATLANTIS FL	3.4 CITY-ST-ZIP	Atlantis, FL 33462-1169
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEDEM, DANIEL	4.2 NAME	Ralph Boggs
STREET ADDRESS	169 ATLANTIS BLVD #104	4.3 STREET ADDRESS	169 Atlantis Blvd. #106
CITY-ST-ZIP	ATLANTIS FL	4.4 CITY-ST-ZIP	Atlantis, FL 33462-1169
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENSKE, CLIFFORD	5.2 NAME	Clifford Penske
STREET ADDRESS	169 ATLANTIS BLVD, # 103	5.3 STREET ADDRESS	169 Atlantis Blvd. #103
CITY-ST-ZIP	ATLANTIS FL	5.4 CITY-ST-ZIP	Atlantis, FL 33462-1169
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

561-968-0450

Daytime Phone #

CR2E037 (11/98)