2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # 714261** 1. Entity Name THE ATLANTIS REGENCY CONDOMINIUM ASSOCIATION, IN 04-17-2000 90061 027 ****61.25 Principal Place of Business Mailing Address 169 ATLANTIS BLVD 169 ATLANTIS BLVD ATLANTIS FL 33462 ATLANTIS FL 33462-1170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1315394 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 05 HEINE, LORRAINE 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. FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete **№**1 Change Addition TITLE TITLE William H. Selliver МАКИЕ DONALD C. MAHRER NAME 169 Atlantis Blud, 108 STREET ADDRESS STREET ADDRESS 6691 WESTVIEW DR. 33462-1169 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL **★** Addition Delete TITLE STD TITLE STD RLAEPhillips 169 Atlantis NAME NAME HEINE, LORRAINE Blud STREET ADDRESS STREET ADDRESS 169 ATLANTIS BLVD 107 Atlantis Fl. 33462,1169 CITY-ST-7IP CITY-ST-ZIP ATLANTIS FL 33462 Addition TITLE ☐ Delete TITLE Edward Marasiulo 169 Alkantis Blud. 203 NAME MARASIULO, EDWARD NAME STREET ADDRESS STREET ADDRESS 169 ATLANTIS BLVD 203 Athortis Fl. 33462-1169 CITY-ST-ZIP CITY-ST-ZIP ATLANTIS FL ☐ Change TITLE PD ☐ Defete TITLE Addition NAME BOGGS, RALPH STREET ADDRESS STREET ADDRESS 169 ATRLANTIS BLVD 106 CITY-ST-ZIP CITY-ST-ZIP ATLANTIS FL Delete TITLE John Camphire Change X Addition PD TITLE PENSKE, CLIFFORD NAME MAMF ita Atlantis Blud. 303 STREET ADDRESS STREET ADDRESS 169 ATLANTIS BLVD, # 103 CITY-ST-ZIP CITY-ST-7IP ATLANTIS FL ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR