

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90343 010 ****61.25

DOCUMENT # 714261

1. Entity Name

**THE ATLANTIS REGENCY CONDOMINIUM ASSOCIATION;
INC.**



Principal Place of Business

**169 ATLANTIS BLVD
ATLANTIS FL 33462**

Mailing Address

**169 ATLANTIS BLVD
ATLANTIS FL 33462**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1315394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, R L
169 ATLANTIS BLVD 105
ATLANTIS FL 33462**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Robert L Phillips

4/13/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SULLIVAN, WILLIAM H**
CITY-ST-ZIP **169 ATLANTIS BLVD 108
ATLANTIS FL 33462-1169**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **PHILLIPS, R L**
CITY-ST-ZIP **169 ATLANTIS BLVD 105
ATLANTIS FL 33462-1169**

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **MARASIULO, EDWARD**
CITY-ST-ZIP **169 ATLANTIS BLVD 203
ATLANTIS FL 33462-1169**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BOGGS, RALPH**
CITY-ST-ZIP **169 ATLANTIS BLVD 106
ATLANTIS FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOLORES, ALBERT**
CITY-ST-ZIP **169 ATLANTIS BLVD 308
ATLANTIS FL 33462-1169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Barbara Atomian**
CITY-ST-ZIP **169 Atlantis Blvd., Apt 205
Atlantis, FL 33462**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Janice LaForte**
CITY-ST-ZIP **169 Atlantis Blvd., Apt 303
Atlantis, FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 hereto as addressee, witness, or other like empowered.

SIGNATURE:

Robert L Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

561-641-0372

Daytime Phone #