

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:19

DOCUMENT # 722913 (1)

1. Corporation Name

ATLANTIS SHERBROOK VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CIATION, INC.
145 ATLANTIS BOULEVARD
ATLANTIS FL 33462

CIATION, INC.
145 ATLANTIS BOULEVARD
ATLANTIS FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1972

3a. Date of Last Report
03/21/1994

4. FEI Number
59-1475295

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAKEFIELD, HARRY A.
300 J.F.K. DRIVE
APT. #208
ATLANTIS FL 33462

B1 Name
Wagner, Susan
B2 Street Address (P.O. Box Number is Not Acceptable)
145 Atlantis Blvd. PH4
B3
B4 City
Atlantis FL B5 Zip Code
33462

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Susan Wagner

Susan Wagner

3-3-95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GROSSO, SILAS
STREET ADDRESS 145 ATLANTIS BLVD #401
CITY - ST - ZIP ATLANTIS, FL 00000

1.1 TITLE D Change Addition
1.2 NAME Grosso, Silas
1.3 STREET ADDRESS 145 Atlantis Blvd. #401
1.4 CITY - ST - ZIP Atlantis, FL 33462

TITLE VD
NAME SNIVELY, JOHN
STREET ADDRESS 145 ATLANTIS BLVD, #208
CITY - ST - ZIP ATLANTIS FL

2.1 TITLE Change Addition
2.2 NAME of zip code
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP Atlantis, FL 33462

TITLE D
NAME WAGNER, RICHARD M
STREET ADDRESS 145 ATLANTIS BLVD, #PH-4
CITY - ST - ZIP ATLANTIS FL

3.1 TITLE T/S/D Change Addition
3.2 NAME Wagner, Susan
3.3 STREET ADDRESS 145 Atlantis Blvd., PH4
3.4 CITY - ST - ZIP Atlantis, FL 33462

TITLE D
NAME SCHMIDTKE, THEODORE C
STREET ADDRESS 145 ATLANTIS BLVD, #407
CITY - ST - ZIP ATLANTIS FL

4.1 TITLE P/D Change Addition
4.2 NAME Schmidtke, Theodore C.
4.3 STREET ADDRESS 145 Atlantis Blvd. #407
4.4 CITY - ST - ZIP Atlantis FL 33462

TITLE D
NAME BAUCHAT, JAMES
STREET ADDRESS 145 ATLANTIS BLVD. #101
CITY - ST - ZIP ATLANTIS FL

5.1 TITLE Change Addition
5.2 NAME of zip code
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP Atlantis, FL 33462

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE D Change Addition
6.2 NAME matr , Richard
6.3 STREET ADDRESS 145 Atlantis Blvd. #405
6.4 CITY - ST - ZIP Atlantis FL 33462

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Susan Wagner

Susan Wagner

3-3-95

407-966-2051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type)

(Telephone Number)