

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 03/16/1972	3a. Date of Last Report 03/08/1995
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1475295	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAGNER, SUSAN
145 ATLANTIC BLVD PH4
ATLANTIS FL 33462**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	145 Atlantis Blvd. PH4
83	
84 City	FL
85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSO, SILAS	1.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD #401	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS, FL 00000	1.4 CITY-ST-ZIP	Atlantis, FL 33462
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIVELY, JOHN	2.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD, #206	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	Atlantis, FL 33462
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, SUSAN	3.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD, #PH-4	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	3.4 CITY-ST-ZIP	Atlantis, FL 33462
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDTKE, THEODORE C	4.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD, #407	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	4.4 CITY-ST-ZIP	Atlantis, FL 33462
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUCHAT, JAMES	5.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD. #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	5.4 CITY-ST-ZIP	Atlantis, FL 33462
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATRE, RICHARD	6.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD #405	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	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 119.07(3)(k), 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 2-28-96 407-966-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)