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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722913 (1)

1. Corporation Name
ATLANTIS SHERBROOK VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CIATION, INC. 145 ATLANTIS BOULEVARD ATLANTIS FL 33462	Mailing Address CIATION, INC. 145 ATLANTIS BOULEVARD ATLANTIS FL 33462
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3. Date incorporated or Qualified 03/16/1972
4. FEI Number 59-1475295
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 ASYCA Suite, Apt. #, etc.	2a. Mailing Address 26 ASYCA Suite, Apt. #, etc.
22 145 Atlantis Blvd. City & State	27 145 Atlantis Blvd. City & State
23 Atlantis, FL Zip Country	28 Atlantis, FL Zip Country
24 33462 25 USA	29 33462 30 USA

6. 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BILL PETERSEN	
STREET ADDRESS	145 ATLANTIS BLVD., #307	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SNIVELY, JOHN	
STREET ADDRESS	145 ATLANTIS BLVD, #206	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	WAGNER, SUSAN	
STREET ADDRESS	145 ATLANTIS BLVD, #PH-4	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHMIDTKE, THEODORE C	
STREET ADDRESS	145 ATLANTIS BLVD, #407	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAUCHAT, JAMES	
STREET ADDRESS	145 ATLANTIS BLVD. #101	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATRE, RICHARD	
STREET ADDRESS	145 ATLANTIS BLVD #405	
CITY-ST-ZIP	ATLANTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cody, H.G.	
1.3 STREET ADDRESS	145 Atlantis Blvd, #204	
1.4 CITY-ST-ZIP	Atlantis, FL 33462	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: Susan Wagner **SIGNATURE REQUIRED** 3-16-98 561-966-2051

CR2E037 (10/97)