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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722913

1. Corporation Name

ATLANTIS SHERBROOK VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

ASVCA
145 ATLANTIS BLVD
ATLANTIS FL 33462
US

Mailing Address

ASVCA
145 ATLANTIS BLVD
ATLANTIS FL 33462
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/16/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1475295

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGNER, SUSAN
145 ATLANTIS BLVD, PH4
ATLANTIS FL 33462

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 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME BILL PETERSEN
STREET ADDRESS 145 ATLANTIS BLVD., #307
CITY-ST-ZIP ATLANTIS FL

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD [X] DELETE
NAME SNIVELY, JOHN
STREET ADDRESS 145 ATLANTIS BLVD, #206
CITY-ST-ZIP ATLANTIS FL

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TSD [] DELETE
NAME WAGNER, SUSAN
STREET ADDRESS 145 ATLANTIS BLVD, #PH-4
CITY-ST-ZIP ATLANTIS FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD [] DELETE
NAME SCHMIDTKE, THEODORE C
STREET ADDRESS 145 ATLANTIS BLVD, #407
CITY-ST-ZIP ATLANTIS FL

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME CODY, H G
STREET ADDRESS 145 ATLANTIS BLVD #204
CITY-ST-ZIP ATLANTIS FL 33462

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME MATRE, RICHARD
STREET ADDRESS 145 ATLANTIS BLVD #405
CITY-ST-ZIP ATLANTIS FL

6.1 TITLE [X] Change [] Addition
6.2 NAME Matre, Richard
6.3 STREET ADDRESS 145 Atlantis Blvd #405
6.4 CITY-ST-ZIP Atlantis, FL 33462

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Susan Wagner
Treasurer

3-3-99

Date

561-966-2051

Daytime Phone #

CR2E037 (11/98)