

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **722913**

1. Entity Name

ATLANTIS SHERBROOK VILLAS CONDOMINIUM ASSOCIATIO

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90064 011 ****61.25

Principal Place of Business ASVCA 145 ATLANTIS BLVD ATLANTIS FL 33462 US	Mailing Address ASVCA 145 ATLANTIS BLVD ATLANTIS FL 33462-6612 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1475295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, SUSAN
145 ATLANTIS BLVD, PH4
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.

SIGNATURE _____
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**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BILL PETERSEN	
STREET ADDRESS	145 ATLANTIS BLVD., #307	
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	CODY, H G	
STREET ADDRESS	145 ATLANTIS BLVD #204	
CITY-ST-ZIP	ALANTIS FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATRE, RICHARD	
STREET ADDRESS	145 ATLANTIS BLVD #405	
CITY-ST-ZIP	ATLANTIS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nisbet, Robert	
STREET ADDRESS	145 Atlantis Blvd. #104	
CITY-ST-ZIP	Atlanta, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnston, F.	
STREET ADDRESS	385 Glenbrook Dr.	
CITY-ST-ZIP	Atlanta, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 with an address, with all other like empowered.

SIGNATURE: Susan Wagner (Susan Wagner) **2-23-00** **561-966-2951**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)