

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0054289

03-12-2001 90452 030 ****61.25

DOCUMENT # 722913

1. Entity Name

ATLANTIS SHERBROOK VILLAS CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

ASVCA
 145 ATLANTIS BLVD
 ATLANTIS FL 33462
 US

ASVCA
 145 ATLANTIS BLVD
 ATLANTIS FL 33462
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1475295

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, SUSAN
 145 ATLANTIS BLVD, PH4
 ATLANTIS FL 33462

Name

Wagner, Susan

Street Address (P.O. Box Number is Not Acceptable)

193 Orange Tree Drive

City

Atlantis

FL

Zip Code

33462

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 Susan Wagner Susan Wagner Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

3-8-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NISBET, ROBERT	
STREET ADDRESS	145 ATLANTIS BLVD # 104	
CITY-ST-ZIP	ATLANTIS FL 33462	
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	JOHNSTON, F	
STREET ADDRESS	385 GLENBROOK DR	
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		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond, John	
STREET ADDRESS	145 Atlantis Blvd. # 303	
CITY-ST-ZIP	Atlantis FL 33462	
TITLE	Y D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wagner, Susan	
STREET ADDRESS	193 Orange Tree Drive	
CITY-ST-ZIP	Atlantis FL 33462	
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fields, Lester	
STREET ADDRESS	145 Atlantis Blvd. #107	
CITY-ST-ZIP	Atlantis FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

Date

56-966-2051

Daytime Phone #

CR2E037 (10/00)