


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90067 034 \*\*\*\*61.25

<b>DOCUMENT # 722913</b>			
1. Entity Name ATLANTIS SHERBROOK VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ASUCA 145 ATLANTISELVD ATLANTIS FL 33462 US		Mailing Address 193 ORANGETREE DRIVE ATLANTIS FL 33462 US	
2. Principal Place of Business		3. Mailing Address <i>145 ATLANTIS BLVD #402</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>ATLANTIS, FL</i>	
City & State		City & State	
Zip	Country	Zip	Country
<i>33462</i>		<i>33462</i>	<i>US</i>
4. FEI Number 59-1475295		Applied For 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 193 ORANGE TREE DRIVE ATLANTIS, FL 33462		7. Name and Address of New Registered Agent Name <i>DON NEVILLE</i> Street Address (P.O. Box Number is Not Acceptable) <i>145 ATLANTIS BLVD #402</i> <i>ATLANTIS</i> City <i>ATLANTIS</i> FL Zip Code <i>33462</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Don Neville</i>		DATE <i>3/17/04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TONGIAN, RICHARD 145 ATLANTIS BLVD #101 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD TORIGIAN 145 ATLANTIS BLVD #101 ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAGNER, SUSAN 193 ORANGE TREE DRIVE ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DON NEVILLE 145 ATLANTIS BLVD #402 ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANDY, MARY 145 ATLANTIS BLVD #305 ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH GLASSER 145 ATLANTIS BLVD #104 ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HURLINE, STEWART 145 ATLANTIS BLVD P47 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEWART HURLINE 145 ATLANTIS BLVD # PH7 ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MATRE, RICHARD 145 ATLANTIS BLVD #405 ATLANTIS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT HALEY 145 ATLANTIS BLVD # 304 ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Don Neville</i>		DATE <i>3/17/04</i> (561) 965-7796	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	