


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90144 002 \*\*\*\*61.25

<b>DOCUMENT # 722913</b>					
1. Entity Name ATLANTIS SHERBROOK VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
ASVCA 145 ATLANTIS BLVD ATLANTIS, FL 33462 US		145 ATLANTIS BLVD., #4002 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	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-NP		CR2E037 (10/03)	
Applied For		Not Applicable			
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEVILLE DON 145 ATLANTIS BLVD. #402 ATLANTIS, FL 33462			Name <u>BECKER POLIAKOFF, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>3111 STIRLING RD</u> City <u>FT LAUDERDALE</u> FL Zip Code <u>33312-1625</u>		
SIGNATURE _____			DATE <u>3-23-05</u>		
Filing Fee is \$61.25 Due by May 1, 2005			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	PD	<input type="checkbox"/> Delete	TITLE	SO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORIGIAN, RICHARD		NAME	KATIE VATH	
STREET ADDRESS	145 ATLANTIS BLVD #101		STREET ADDRESS	145 ATLANTIS BLVD #201	
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	ATLANTIS, FL 33462	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE, DON		NAME	RICHARD GATES	
STREET ADDRESS	145 ATLANTIS BLVD., #402		STREET ADDRESS	516 MURFIELD DR	
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASSER, JOSEPH		NAME	WILLIAM PETERSEN	
STREET ADDRESS	145 ATLANTIS BLVD., #104		STREET ADDRESS	145 ATLANTIS BLVD #307	
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	ATLANTIS, FL 33462	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLINE, STEWART		NAME		
STREET ADDRESS	145 ATLANTIS BLVD., #PH7		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALEY, ROBERT		NAME		
STREET ADDRESS	145 ATLANTIS BLVD., #304		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			R.C. GATES, TREAS 4/2/05 561-434-3191		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

20029299



03012005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1475295 Applied For Not Applicable

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Make check payable to Florida Department of State

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SIGNATURE: \_\_\_\_\_ R.C. GATES, TREAS 4/2/05 561-434-3191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #