


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90146 028 ****61.25

DOCUMENT # 722913					
1. Entity Name ATLANTIS SHERBROOK VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ASVCA 145 ATLANTIS BLVD ATLANTIS, FL 33462 US		Mailing Address 145 ATLANTIS BLVD., #1402 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"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLAKOFF, PA 3111 STIRLING RD FORT LAUDERDALE, FL 33312-6525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORIGIAN, RICHARD		NAME		
STREET ADDRESS	145 ATLANTIS BLVD #101		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VATH, KATIE		NAME		
STREET ADDRESS	145 ATLANTIC BLVD #201		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLASSER, JOSEPH		NAME		
STREET ADDRESS	145 ATLANTIS BLVD. #104		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP		
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	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GATES, RICHMOND		NAME	T D SZCZUBLEWSKI, DAVID	
STREET ADDRESS	516 MUIRFIELD DR		STREET ADDRESS	145 ATLANTIS BLVD # 305	
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	ATLANTIS, FL 33462	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PECERSEN, WILLIAM		NAME	PETERSEN	
STREET ADDRESS	145 ATLANTIS BLVD #307		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Richard M. Torigian</i>			4/24/06		561-965-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #