


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

**FILED**  
Feb 11, 2004 08:00 AM  
Secretary of State

**DOCUMENT # 751573**  
1. Entity Name  
ATLANTIS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
3420 S. FLETCHER AVENUE  
FERNANDINA BCH., FL 32034

Mailing Address  
3420 S. FLETCHER AVENUE  
FERNANDINA BCH., FL 32034

**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2052700

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
ADAMSON, WELDON T  
3420 S FLETCHER AVE UNIT  
FERNANDINA BCH., FL 32034

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7. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAY, CHARLES A 3420 S FLETCHER AVENUE, UNIT 102 FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JUNE 12863 RIVER OAKS DR BLACKSHEAR, GA 31518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, MARGARET E 3420 S FLETCHER AVENUE, SUITE 406 FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPRUILL, BARBARA 1614 BEAVER CREEK LANE SNELLVILLE, GA 30078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEHMAN, IRMGARD 119 GLENMARY AVENUE CINCINNATI, OH 45220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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02/11/04 80081-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \* *Margaret E. Williams* / Secretary *2/7/04* *904 261-4400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #