

AMENDED
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


05-07-2007 90070 034 ***61.25
 751573

FILED

07 MAY 17 AM 9:35

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 4010736



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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADAMSON, WELDON T 3420 S FLETCHER AVE UNIT FERNANDINA BCH., FL 32034		Name <u>Adamson, Janice R</u> Street Address (P.O. Box Number is Not Acceptable) <u>3420 S Fletcher Ave</u> City <u>Fernandina Beach</u> FL Zip Code <u>32034</u>	
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 <u>Janice R Adamson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/30/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		B. 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	DP JAY, CHARLES A 3420 S FLETCHER AVE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Finn, Richard M. 330 Craighead Drive Atlanta, GA. 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEHMANN, IRMAGARD 119 GLEN MARY AVE CINCINNATI, OH 45220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Spruill, Barbara V. 1614 Beaver CK LN Snellville, GA. 30078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WALKER, JUNE 1286 S RIVER OAKS DR BLACKSHEAR, GA 31516 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Williams, Margaret E 3420 S Fletcher Ave Unit #406 Fernandina Beach FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, MARGARETE E 3420 S FLETCHER AVE, UNIT 406 FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Putrina, Joan 1250 Beach Dr. St Petersburg FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRUILL, BARBARA 1614 BEAVER CK LN SNELLVILLE, GA 30078 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jurgens, Ellen 300 Brookside Dr Roswell, GA 30076
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 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: <u>Margaret E. Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/30/07</u> Daytime Phone # <u>904-261-4400</u>	