

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756467 (7)
1. Corporation Name
ATLANTIS IE, A CONDOMINIUM, INC.

97 SEP 30 11:11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
2919-C PAR LANE TALLAHASSEE FL 32301 2919-C PAR LANE TALLAHASSEE FL 32301-6837

3. Date Incorporated or Qualified 02/20/1981 3a. Date of Last Report 07/16/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-2261297	Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country		

9. Name and Address of Current Registered Agent NICKENS, MICHELLE 2919-C PAR LANE C TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name Cindi Brown 82 Street Address (P.O. Box Number is Not Acceptable) 2919-A Par Lane 83 Tallahassee 84 City 85 Zip Code FL 32301
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Cindi Brown* DATE 9-3-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	NICKENS, MICHELLE	1.1 TITLE	PD
STREET ADDRESS 2919-C PAR LANE	TALLAHASSEE FL 32301	1.2 NAME	Dwayne Maddron
CITY-ST-ZIP		1.3 STREET ADDRESS	2919-B PAR LANE
TITLE VSD	DAVIS, JULIUS	1.4 CITY-ST-ZIP	Tallahassee, FL 32301
STREET ADDRESS 2919-D PAR LANE	TALLAHASSEE FL 32301	2.1 TITLE	VD
CITY-ST-ZIP		2.2 NAME	
TITLE D	DANIELS, KAY	2.3 STREET ADDRESS	
STREET ADDRESS 415 CREEKWALK DR	MARTINEZ GA 30907	2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	SD
TITLE D	REID, WANDA	3.2 NAME	Cindi Brown
STREET ADDRESS 885 HARBERT ST.	TALLAHASSEE FL 32303	3.3 STREET ADDRESS	2919-A Par Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE		4.1 TITLE	TD
NAME		4.2 NAME	Michelle Nickens
STREET ADDRESS		4.3 STREET ADDRESS	2919-C PAR LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)