


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 042 ****61.25

DOCUMENT # 756467
1. Entity Name
ATLANTIS IE, A CONDOMINIUM, INC.



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

24016059



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **58-2261297** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BROWN, CINDI
2919-A PAR LANE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE NAME | ASAL, GLENDA KS | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2919 C PAR LN | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE NAME | DAVIS, JULIUS | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 2919-D PAR LANE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE NAME | PTD MADDRON, DWAYNE | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 2919-B PAR LANE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE NAME | SD BROWN, CINDI | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2919-A PAR LANE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE NAME | TD Asal, Glenda KS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 2919 C Par Lane | |
| CITY-ST-ZIP | Tallahassee FL 32301 | |
| TITLE NAME | D Carlile, Wilson | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2919-D Par Lane | |
| CITY-ST-ZIP | Tallahassee FL 32301 | |
| TITLE NAME | D King, Jarrod & Courtney | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2919-B Par Lane | |
| CITY-ST-ZIP | Tallahassee, FL 32301 | |
| TITLE NAME | PDS Brown, Cindi | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 2919-A Par Lane | |
| CITY-ST-ZIP | Tallahassee FL 32301 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| 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: Glenda F. Asal Date: March 1, 2004 Daytime Phone #: 850-309-0307