


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90025 035 ****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	
2. Principal Place of Business		3. Mailing Address 2919-A PAR LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TALLAHASSEE, FL	
Zip	Country	Zip 32301	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, CINDI 2919-A PAR LANE TALLAHASSEE, FL 32301		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 <i>Cynthia (Cindi) Brown</i>		DATE 09/19/06	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASAL, GLENDA KS 2919 C PAR LN TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Janine Hutchison 2919 C Par Lane Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLILE, WILSON 2919-D PAR LANE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mandy R Whitaker + Steve Lize 2919 Par Lane #0 Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, JARROD 2919-B PAR LANE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jordan A. Lentz 2919 Par Lane #B Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROWN, CINDI 2919 A PAR LN TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(same) <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 trustee empowere 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 empowers.			
SIGNATURE: <i>Cynthia (Cindi) Brown</i> CYNTHIA (CINDI) BROWN		Date: 9/19/06 Daytime Phone #: 850 212-1733	

