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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 759333 (8)
1. Corporation Name
ATLANTIS II, A CONDOMINIUM, INC.



Principal Place of Business: 1471 CAPITAL CIR. NW SUITE B TALLAHASSEE FL 32316-2396
Mailing Address: P.O. BOX 2396 TALLAHASSEE FL 32316-2396

3. Date Incorporated or Qualified: 07/28/1981
3a. Date of Last Report: 09/05/1996

2. Principal Place of Business: 21 1332 N. BRONOUGH Suite, Apt. #, etc.
22 TALLAHASSEE, FL
23 32303
24 32303
25 US

2a. Mailing Address: 26 P.O. BOX 373560 Suite, Apt. #, etc.
27 TALLAHASSEE, FL
28 32303
29 US

4. FEI Number: 59-2217036
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: CAPPS, BETTY C/O HAVEN MANAGEMENT OF TALL., INC. 1471 CAPITAL CIRCLE NW, SUITE B TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent: 81 Name: TODD WOODWARD
82 Street Address (P.O. Box Number is Not Acceptable): C/O CANOPY ROADS MANAGEMENT, INC.
83 1332 N. BRONOUGH ST.
84 City: TALLAHASSEE FL 85 Zip Code: 32303

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: Todd Woodward (Signature) / Todd Woodward (Typed Name) DATE: 4/29/97

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, DOUGLAS	
STREET ADDRESS	5092 TALLOW POINT RD.	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, DOUGLAS	
STREET ADDRESS	5092 TALLOW POINT RD.	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CANNON, ELISSA HENDERSON	
STREET ADDRESS	8608 PEACHTREE DRIVE	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LATTIMORE, MICHELLE	
STREET ADDRESS	1800-B NICKLAUS DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPPS, BETTY	
STREET ADDRESS	1741 CAPITAL CIRCLE NW, SUITE B	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TAMMY ROBINSON	
1.3 STREET ADDRESS	5007 DEER HILL TRAIL	
1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32312	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOUGLAS FOWLER	
2.3 STREET ADDRESS	5092 TALLOW POINT RD.	
2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308	
3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LORI FOSTER	
3.3 STREET ADDRESS	1581 NW 9166 AVE.	
3.4 CITY - ST - ZIP	PLANTATION, FL 33322	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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.

SIGNATURE: Tammy Robinson (Signature) / TAMMY ROBINSON (Typed Name) DATE: 4/30/97 (904) 222-3189

CR2E037 (9/96)