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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 759333

1. Corporation Name
ATLANTIS II, A CONDOMINIUM, INC.

Principal Place of Business
 1332 N. BRONOUGH
 TALLAHASSEE FL 32303
 US

Mailing Address
 P.O. BOX 37356
 TALLAHASSEE FL 3315
 US

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|--|---|--|
| 2. Principal Place of Business 21 431 Waverly Rd Suite, Apt. #, etc. | 2a. Mailing Address 26 431 Waverly Rd Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 07/28/1981 |
| 22 | 27 | 4. FEI Number 59-2217036 Applied For Not Applicable |
| 23 City & State Tallahassee FL | 28 City & State Tallahassee FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip 32312 | 29 Zip 32312 | 30 Country USA |
| 25 Country USA | 30 Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent WOODWARD, TODD C/O CANOPY ROADS MANAGEMENT, INC. 1332 N. BRONOUGH ST. TALLAHASSEE FL 32303 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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: *[Signature]* DATE: 5/14/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|--|
| TITLE PD | ROBINSON, TAMMY 3607 DEER HILL TRAIL TALLAHASSEE FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Erick May 1815 E Nicklaus Dr Tallahassee FL 32301 |
| TITLE VPD | MAZY, BEATRICE J. 1815 E. NICKLAUS DRIVE TALLAHASSEE FL 32301 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | DP |
| TITLE STD | FOSTER, LORI 1581 NW 96TH AVE. PLANTATION FL | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | D Michelle Latimore 1800 B Nicklaus Tallahassee FL 32301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/29/99 DAYTIME PHONE #: 531-0627

CR2E037 (1/198)