

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 16 AM 8:28

DOCUMENT # **741222** (4)

1. Corporation Name

THE ATLANTIS BUILDING A CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10102 SO. OCEAN DR.  
ATLANTIS OFFICE BOX  
JENSEN BEACH FL 34957

10102 SO. OCEAN DR.  
ATLANTIS OFFICE BOX  
JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/27/1977** 3a. Date of Last Report **07/12/1994**

4. FEI Number **59-1986936** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

5. Certificate of Status Desired  \$0.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALY JR., T. E.  
10102 SOUTH OCEAN DRIVE  
APARTMENT 509  
JENSEN BEACH FL 34957

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**  
NAME **LIEBING, HOWARD**  
STREET ADDRESS **10102 S A1A #710**  
CITY - ST - ZIP **JENSEN BCH, FL 00000**

TITLE **D**  
NAME **MCAVOY, TIM**  
STREET ADDRESS **10102 S A1A #607**  
CITY - ST - ZIP **JENSEN BCH, FL**

TITLE **PD**  
NAME **FLANAGAN, RACHEL**  
STREET ADDRESS **10102 SOUTH OCEAN DRIVE, #303**  
CITY - ST - ZIP **JENSEN BEACH FL**

TITLE **TD**  
NAME **BEIT, PETER**  
STREET ADDRESS **10102 SOUTH OCEAN DRIVE, #310**  
CITY - ST - ZIP **JENSEN BEACH FL**

TITLE **SD**  
NAME **GARCIA, ROSE**  
STREET ADDRESS **10102 SOUTH OCEAN DRIVE, #207**  
CITY - ST - ZIP **JENSEN BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  Change  Addition  
22 NAME **CHRIS SINKULA**  
23 STREET ADDRESS **10102 S. OCEAN DR**  
24 CITY - ST - ZIP **JENSEN BEACH, FL**

31 TITLE  Change  Addition  
32 NAME **DELGTE**  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME **SD**  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME **PD**  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Rose Garcia* ROSE GARCIA

5/16/95

407-227-0199

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #