

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 741222 (4)

1. Corporation Name  
**THE ATLANTIS BUILDING A CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 10102 SO. OCEAN DR. ATLANTIS OFFICE BOX JENSEN BEACH FL 34957  
Mailing Address: 10102 SO. OCEAN DR. ATLANTIS OFFICE BOX JENSEN BEACH FL 34957

3. Date Incorporated or Qualified: 12/27/1977  
3a. Date of Last Report: 05/16/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number: 59-1986936	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	LIEBING, HOWARD	1.2 NAME	
STREET ADDRESS	10102 S A1A #710	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TD
NAME	SINKULA, CHRIS	2.2 NAME	OSCAR LOPES
STREET ADDRESS	10110 2 S OCEAN DR	2.3 STREET ADDRESS	10102 S OCEAN DR #705
CITY-ST-ZIP	JENSEN BCH, FL	2.4 CITY-ST-ZIP	Jensen Beach, FL
TITLE	SD	3.1 TITLE	D
NAME	BEIT, PETER	3.2 NAME	
STREET ADDRESS	10102 SOUTH OCEAN DRIVE, #310	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	VD
NAME	GARCIA, ROSE	4.2 NAME	JOE DEPALMA
STREET ADDRESS	10102 SOUTH OCEAN DRIVE, #207	4.3 STREET ADDRESS	10102 S OCEAN DR #703
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	TOM DALY
STREET ADDRESS		5.3 STREET ADDRESS	10102 S OCEAN DR #505
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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: T.E. DALY JR. DATE: 3/1/96 TELEPHONE: 947-227-0123

CR2E037 (12/95)