

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # 743513 (4)
1. Corporation Name

THE ATLANTIS BUILDING B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
10152 SOUTH OCEAN DR. JENSEN BEACH FL 34957

3. Date Incorporated or Qualified **07/10/1978** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **59-1997824** 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 No

9. Name and Address of Current Registered Agent
MALONEY, ROBERT E. JR ESQUIRE
401A SOUTH INDIAN RIVER DR.
FT. PIERCE FL 34954

10. Name and Address of New Registered Agent
81 Name **ENID RUDD (SEC)**
82 Street Address (P.O. Box Number is Not Acceptable) **10152 S. OCEAN DR**
83 **JENSEN BEACH**
84 City **JENSEN BEACH** 85 Zip Code **FL 34957**

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 **ENID RUDD - SECRETARY** *Enid Rudd* DATE **3/15/96**
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME BRAUN, CHARLES	1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10152 S. OCEAN DR.	CITY-ST-ZIP JENSEN BEACH FL 34957	1.2 NAME JOHN L. NAVARRE
TITLE VPD <input checked="" type="checkbox"/> DELETE	NAME NAVARRE, JOHN	1.3 STREET ADDRESS 10152 S. OCEAN DR - APT 711
STREET ADDRESS 10152 S. OCEAN DR.	CITY-ST-ZIP JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP JENSEN BEACH, FL. 34957
TITLE SD <input type="checkbox"/> DELETE	NAME RUDD, ENID	2.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10152 S. OCEAN DR.	CITY-ST-ZIP JENSEN BEACH FL 34957	2.2 NAME KENNETH J. REUSS
TITLE TD <input type="checkbox"/> DELETE	NAME THOMSON, ROBERT	2.3 STREET ADDRESS 10152 S. OCEAN DR. APT 112
STREET ADDRESS 10152 S. OCEAN DR.	CITY-ST-ZIP JENSEN BEACH FL 34957	2.4 CITY-ST-ZIP JENSEN BEACH, FL. 34957
TITLE D <input type="checkbox"/> DELETE	NAME MALONEY, ROBERT E JR.	3.1 TITLE
STREET ADDRESS 10152 S. OCEAN DR.	CITY-ST-ZIP JENSEN BEACH FL 34957	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE DIRECT <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS
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: *Enid Rudd* **ENID RUDD SECRETARY** Date **2/20/96** Daytime Phone # **402-229-0321**

CR2E037 (12/95)