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Feb 18 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 # 757464 (3)

1. Corporation Name

ATLANTIS III BY THE SEA CONDOMINIUM ASSOCIATION,  
INC.

Principal Place of Business

10200 S OCEAN DR.  
JENSEN BEACH FL 34957-2566  
US

Mailing Address

10200 S OCEAN DR.  
JENSEN BEACH FL 34957-2566  
US



3. Date Incorporated or Qualified  
04/08/1981

3a. Date of Last Report  
07/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number  
59-2163614

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

RAJKI, ARPAD  
325 NE ELM TERR #301  
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SULLIVAN, WILLIAM  
STREET ADDRESS 10200 S. OCEAN DR., #401  
CITY-ST-ZIP JENSEN BEACH FL

DELETE

TITLE P  
NAME MOSCA, RONALD  
STREET ADDRESS 1399 SW DYER RD  
CITY-ST-ZIP PALM CITY FL

DELETE

TITLE D  
NAME BOZZO, PETER  
STREET ADDRESS 3074 GOLDEN ORCHARD  
CITY-ST-ZIP MISSISSAUGA, ONTARIO

DELETE

TITLE DT  
NAME REYNOLDS, JACK  
STREET ADDRESS 10200 S OCEAN DR #101  
CITY-ST-ZIP JENSEN BEACH FL

DELETE

TITLE VP  
NAME BLAKESLEE, JAMES  
STREET ADDRESS 10200 S OCEAN DR 207  
CITY-ST-ZIP JENSEN BCH FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V-B  
1.2 NAME RAJKI, ARPAD  
1.3 STREET ADDRESS 10200 S. OCEAN DR.  
1.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

Change Addition

2.1 TITLE S/T  
2.2 NAME KROVNER, MARIAN  
2.3 STREET ADDRESS 840 N. THIRD ST., SUITE 602  
2.4 CITY-ST-ZIP MILWAUKEE, WI 53203

Change Addition

3.1 TITLE D  
3.2 NAME GURDARD, ROBERT  
3.3 STREET ADDRESS 743 KENTLAND DR.  
3.4 CITY-ST-ZIP GREAT FALLS, VA 22065-10

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071250

CR2E037 (9/96)