


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743513 (4)
1. Corporation Name
THE ATLANTIS BUILDING B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 10152 SOUTH OCEAN DR. JENSEN BEACH FL 34957	Mailing Address 10152 SOUTH OCEAN DR. JENSEN BEACH FL 34957-2563
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3. Date Incorporated or Qualified 07/10/1978	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1997824	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**RUDD, ENID
10152 SOUTH OCEAN DRIVE
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRE, JOHN L	1.2 NAME	
STREET ADDRESS	10152 S. OCEAN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REUSS, KENNETH J	2.2 NAME	
STREET ADDRESS	10152 S. OCEAN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDD, ENID	3.2 NAME	
STREET ADDRESS	10152 S. OCEAN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, ROBERT	4.2 NAME	
STREET ADDRESS	10152 S. OCEAN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, ROBERT E JR.	5.2 NAME	
STREET ADDRESS	10152 S. OCEAN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY HALL	6.2 NAME	
STREET ADDRESS	10152 S OCEAN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	6.4 CITY-ST-ZIP	

6.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.6 NAME		
6.7 STREET ADDRESS		
6.8 CITY-ST-ZIP		

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.

Sandra B. Mortham Secretary of State
John Navarre 1/30/97

CR2E037 (9/96)