

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified  
**12/27/1977**

4. FEI Number  
**59-1986936**

Applied For	Not Applicable
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2. Principal Place of Business  
 21. Suite, Apt. #, etc.

2a. Mailing Address  
 26. Suite, Apt. #, etc.

23. City & State

24. Zip 25. Country 29. Zip 30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**DALY JR., T. E.**  
**10102 SOUTH OCEAN DRIVE**  
**APARTMENT 509**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBIG, 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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPES, OSCAR	2.2 NAME	SHIRLEY ROSS
STREET ADDRESS	10102 S OCEAN DR #705	2.3 STREET ADDRESS	10102 SOCCAL DR #443
CITY-ST-ZIP	JENSEN BCH. FL	2.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<del>NEW</del> V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES RINGO	4.2 NAME	ALAN MAR MIDD
STREET ADDRESS	10102 S. OCEAN DR., #305	4.3 STREET ADDRESS	10102 S. OCEAN DR #702
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, TOM	5.2 NAME	
STREET ADDRESS	10102 S OCEAN DR #509	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: X Shirley J. Ross A.J. 4-7-98 22-9-1733

CR2E037 (10/97)