

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		3. Date Incorporated or Qualified 12/27/1977
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		4. FEI Number 59-1986936 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required 5.00 May Be Added to Fees		

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	
				85. Zip Code FL	

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	1.1 TITLE	D
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	2.1 TITLE	T/S
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	3.1 TITLE	P/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	D	4.1 TITLE	NEW V.P.
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	5.1 TITLE	D
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		6.1 TITLE	
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: *[Signature]* **A.J. 4-7-98 22-9-1733**

CR2E037 (10/97)