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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007200

1. Corporation Name

**THE PALMS AT ATLANTIS HOMEOWNERS ASSOCIATION, IN
C.**

Principal Place of Business

12534 WILES ROAD
CORAL SPRINGS FL 33076

Mailing Address

12534 WILES ROAD
CORAL SPRINGS FL 33076



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Community Association Svcs., Inc.		26. ← Same		12/18/1998	
22. Ste. 250		27. Suite, Apt. #, etc.		4. FEI Number	
23. 951 Broken Sound Pky. NW		28. City & State		65-0827598	
24. Boca Raton, FL 33487-3531		29. Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LARRY A. ROTHENBERG, P.A.
900 NORTH FEDERAL HIGHWAY, SUITE 480
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81. Name Community Association Services
 82. Street Address (P.O. Box Number Is Not Acceptable) 951 Broken Sound Pkwy #250
 83. City Boca Raton
 84. FL 85. Zip Code 33487

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSCOVITCH, LEWIS	1.2 NAME	
STREET ADDRESS	12534 WILES ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, CRAIG	2.2 NAME	
STREET ADDRESS	12534 WILES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	2.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOCKMAN, HARRY	3.2 NAME	
STREET ADDRESS	12534 WILES ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

(754) 341-8040

Daytime Phone #

CR2E037 (1/98)