

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90007 044 \*\*\*\*61.25

AMOUNT DUE ON OR BEFORE 07/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$600.00)

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 741222**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/27/1977
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1986936
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	24
25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DALY JR., T. E. 10102 SOUTH OCEAN DRIVE APARTMENT 509 JENSEN BEACH FL 34957	81 Name <b>BOARD OF Directors A'</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10102 S. Ocean Dr</b> 83 84 City <b>Jensen Beach</b> FL 85 Zip Code <b>34957</b>

*no longer agent*

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 Shirley J. Ross Treasurer Shirley J. Ross 7-29-99  
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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBING, 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	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, SHIRLEY	2.2 NAME	
STREET ADDRESS	10102 S OCEAN DR STE 403	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34907	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETT, PETER	3.2 NAME	KATHY A. Brown
STREET ADDRESS	10102 SOUTH OCEAN DRIVE, #310	3.3 STREET ADDRESS	10102 S. Ocean Dr. # 304
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	Jensen Bch FL 34957
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARMION, ALAN	4.2 NAME	
STREET ADDRESS	10102 S OCEAN DR STE 702	4.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Shirley J. Ross **SIGNATURE REQUIRED** 7-14-99 229-1733  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)