

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 BOARD OF Directors A' 82 Street Address (P.O. Box Number is Not Acceptable) 10102 S. Ocean Dr 83 84 City Jensen Beach FL 85 Zip Code 34957 |

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)