

2000 UNIFORM BUSINESS REPORT (UBR)

1/25

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-25-2000 90105 023 ****61.25

DOCUMENT # 741222

1. Entity Name

THE ATLANTIS BUILDING A CONDOMINIUM ASSOCIATION,

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 34957-2562
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80007228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1986936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOARD OF DIRECTORS "A"
10102 S OCEAN DR
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME LIEBING, HOWARD STREET ADDRESS 10102 S A1A #710 CITY-ST-ZIP JENSEN BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE PRES NAME George GRIGAS STREET ADDRESS 10102 S. A1A #401 CITY-ST-ZIP Jensen Beach FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME ROSS, SHIRLEY STREET ADDRESS 10102 S OCEAN DR STE 403 CITY-ST-ZIP JENSEN BEACH FL 34907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME BROWN, KATHY A STREET ADDRESS 10102 S OCEAN DR #304 CITY-ST-ZIP JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete	TITLE Sec NAME Betty RINGO STREET ADDRESS 10102 S. A1A #305 CITY-ST-ZIP Jensen Beach FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MARMION, ALAN STREET ADDRESS 10102 S OCEAN DR STE 702 CITY-ST-ZIP JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DALY, TOM STREET ADDRESS 10102 S OCEAN DR #509 CITY-ST-ZIP JENSEN BCH FL	<input checked="" type="checkbox"/> Delete	TITLE V.P. NAME BRUCE EDWARDS STREET ADDRESS 10102 S. A1A #308 CITY-ST-ZIP Jensen Beach FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required 1-20-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #