

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90094 007 ****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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1986936

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRIGAS, GEORGE	
STREET ADDRESS	10102 S A1A #401	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	ROSS, SHIRLEY	
STREET ADDRESS	10102 S OCEAN DR STE 403	
CITY-ST-ZIP	JENSEN BEACH FL 34907	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RINGO, BETTY	
STREET ADDRESS	10102 S A1A #305	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME	MARMION, ALAN	
STREET ADDRESS	10102 S OCEAN DR STE 702	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, BRUCE	
STREET ADDRESS	10102 S A1A #308	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN BAILEY #409	
STREET ADDRESS	10102 S. Ocean Dr.	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	Pres V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY BILQUIN	
STREET ADDRESS	10102 SO OCEAN DR, #502	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD LYTWYNIUK	
STREET ADDRESS	10102 SO OCEAN DR, 708	
CITY-ST-ZIP	Jensen Beach FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Shirley J. Ross* **REQUIRE** *Shirley J. Ross* 1-14-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)