

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90042 048 \*\*\*\*61.25

**DOCUMENT # 741222**

1. Entity Name

**THE ATLANTIS BUILDING A CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**10102 SO. OCEAN DR.  
 ATLANTIS OFFICE BOX  
 JENSEN BEACH FL 34957**

**10102 SO. OCEAN DR.  
 ATLANTIS OFFICE BOX  
 JENSEN BEACH FL 34957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1986936**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P</b> <b>BAILEY, DAN</b> 10102 S. OCEAN DR. H609 JENSEN BEACH FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	<b>TVP</b> <b>ROSS, SHIRLEY</b> 10102 S OCEAN DR STE 403 JENSEN BEACH FL 34907	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>S</b> <b>BILGOIN, MARY</b> 10102 SO OCEAN DR. #502 JENSEN BEACH FL 34957 <i>Same</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>BILQUIN, MARY</b> <i>Treas Secty</i>
<input type="checkbox"/> Delete	<b>D</b> <b>MARMION, ALAN</b> 10102 S OCEAN DR STE 702 JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VP</b>
<input checked="" type="checkbox"/> Delete	<b>D</b> <b>LYTWYNIUK, RICHARD</b> 10102 SO OCEAN DR. 708 JENSEN BCH FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Robert Dinger</b> <i>Director</i> 8962 Winged Foot Dr Tallahassee FL 32312
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Rita Amundsen</b> <i>Director</i> 10102 S Ocean Dr Apt 407 Jensen Bch FL 34957

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:

*Mary Bilquin*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*01-28-02*  
 Date

*561-229-2635*  
 Daytime Phone #

CR2E037 (9/01)