

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90067 014 ****61.25

DOCUMENT # 757464

1. Entity Name

ATLANTIS III BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10200 S OCEAN DR.
 JENSEN BEACH FL 34957-2566
 US**

**10200 S OCEAN DR.
 JENSEN BEACH FL 34957-2566
 US**

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

59-2163614

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

**RAJKI, ARPAD
 325 NE ELM TERR #301
 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 **S** ☒ Delete
 NAME **CHAMBERS, MEL**
 STREET ADDRESS **10200 S. OCEAN DR., #706**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **P** ☐ Change ☐ Addition
 NAME **Dominick Fargo**
 STREET ADDRESS **3739 Lee Town Pike**
 CITY-ST-ZIP **Charles Town, WV 25414**

TITLE **S** ☐ Delete
 NAME **RAJKI, ARPAD**
 STREET ADDRESS **10200 S. OCEAN DR. #301**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **V-P** ☐ Change ☐ Addition
 NAME **Theresa Vitale**
 STREET ADDRESS **10200 S. Ocean Dr., Unit: 605**
 CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **VD** ☒ Delete
 NAME **KLIMA, EDWARD**
 STREET ADDRESS **10 PALM RD**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Change ☐ Addition
 NAME **Mario Totera**
 STREET ADDRESS **24 Scott Crescent**
 CITY-ST-ZIP **King City, Canada, L7B 1E4**

TITLE **ST** ☒ Delete
 NAME **KROSCHER, MARIAN**
 STREET ADDRESS **840 N. THIRD ST. 602**
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **NITTI, JOSEPH**
 STREET ADDRESS **10200 S. OCEAN DR. #502**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **STEPANIC, JOHN**
 STREET ADDRESS **10200 S. OCEAN DRIVE #708**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2002 772-229-600

CR2E037 (9/01)