

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90031 016 ***150.00

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1. Entity Name

THE ATLANTIS BUILDING B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

10152 SOUTH OCEAN DR.
 JENSEN BEACH FL 34957

Mailing Address

10152 SOUTH OCEAN DR.
 JENSEN BEACH FL 34957

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-2006288

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDD, ENID
 10152 SOUTH OCEAN DRIVE
 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P WHEELER, CLIFFORD J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10152 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE NAME	VP BANFIELD, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	10152 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE NAME	T ECKER, JOAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10152 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE NAME	S O'KEEFE, AGNES	<input type="checkbox"/> Delete
STREET ADDRESS	10152 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE NAME	D BANFIELD, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10152 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE NAME	D SWAUN, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10152 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TREASURER RICHARD LAMONTAGNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10152 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DIRECTOR ENID RUDD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10152 S. OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE NAME	PRESIDENT JOHN SWAUN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10152 S. OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH, 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: John Swan **JOHN SWAUN** 2/4/04 772-229-6204
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #