


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90016 008 ****61.25

DOCUMENT # 757464 1. Entity Name ATLANTIS III BY THE SEA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10200 S OCEAN DR. JENSEN BEACH, FL 34957-2566 US			Mailing Address 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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRIGAS, JEFF 10200 SOUTH OCEAN DR JENSEN BEACH, FL 34957			Name TERESA VITALE Street Address (P.O. Box Number is Not Acceptable) 10200 S. OCEAN DR. # 605 JENSEN BEACH, City FL Zip Code 34957		
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 <i>Theresa Vitale</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/12/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINICK, FARGO		NAME	FRED HEIN	
STREET ADDRESS	3739 LEE TOWN PIKE		STREET ADDRESS	14111 S.W. 74TH TERRACE	
CITY-ST-ZIP	CHARLES TOWN, WV 25414		CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGAS, JEFF		NAME	STIEVE JULIANO	
STREET ADDRESS	10200 SOUTH OCEAN DR		STREET ADDRESS	10200 S. OCEAN DR. # 505	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE, THERESA		NAME	THERESA VITALE	
STREET ADDRESS	10200 S OCEAN DR UNIT 605		STREET ADDRESS	10200 S. OCEAN DR. # 605	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTERA, MARIO		NAME	NANCY CHAMBERS	
STREET ADDRESS	24 SCOTT CRESCENT		STREET ADDRESS	P.O. BOX 273	
CITY-ST-ZIP	KING CITY, CA 17b 1e4		CITY-ST-ZIP	SARANAC LAKE, NY 12983	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHANIC, JOHN		NAME	GEORGE SOENEN	
STREET ADDRESS	640 MAPLEWOOD		STREET ADDRESS	39108 COLUMBIA	
CITY-ST-ZIP	BROOKFIELD, OH 44403		CITY-ST-ZIP	HARRISON TWP, MT 48045	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Theresa Vitale</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-12-2004 Daytime Phone # 772-229-1600		