

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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90536 045 \*\*\*\*61.25

**DOCUMENT # N98000007200**

1. Entity Name

**THE PALMS AT ATLANTIS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**C/O CMC MANAGEMENT  
2999 JOG RD STE B  
GREENACRES FL 33467**

Mailing Address

**C/O CMC MANAGEMENT  
2999 JOG RD STE B  
GREENACRES FL 33467**

**14007506**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0827598**

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

**GERRISH, SCOT A  
2999 JOG RD STE B  
GREENACRES FL 33467**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MATULIS, PATRICIA AK  
STREET ADDRESS 165 PALM CIRCLE  
CITY-ST-ZIP ATLANTIS FL 33462 ☒ Delete

TITLE P  
NAME Stedem, Dan  
STREET ADDRESS 221 Palm Circle  
CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☒ Addition

TITLE VPD  
NAME GREANETTE, W R  
STREET ADDRESS 224 PALM CIRCLE  
CITY-ST-ZIP ATLANTIS FL 33462 ☒ Delete

TITLE D  
NAME Duke, Tom  
STREET ADDRESS 120 Palm Circle  
CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☒ Addition

TITLE TD  
NAME FUY, D E  
STREET ADDRESS 29 PALM CIRCLE  
CITY-ST-ZIP ATLANTIS FL 33462 ☒ Delete

TITLE TD  
NAME Wurdack, Michael  
STREET ADDRESS 144 Palm Circle  
CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☒ Addition

TITLE SD  
NAME POTESTA, PATRICIA J  
STREET ADDRESS 217 PALM CIRCLE  
CITY-ST-ZIP ATLANTIS FL 33462-6630 ☒ Delete

TITLE SD  
NAME Timmins, Gerry  
STREET ADDRESS 108 Palm Circle  
CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☒ Addition

TITLE VP  
NAME VAN ELDIE, D.L.  
STREET ADDRESS 208 PALM CIRCLE  
CITY-ST-ZIP ATLANTIS FL 33462 ☐ Delete

TITLE VP  
NAME VanEldik, Dick  
STREET ADDRESS 208 Palm Circle  
CITY-ST-ZIP Atlantis, FL 33462 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 #

**PRES**

**20 APRIL 2004 561 965 3416**