

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

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90006 025 ****61.25



DOCUMENT # 741222

1. Entity Name

THE ATLANTIS BUILDING A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1986936

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

BOARD OF DIRECTORS "A"
 10102 S OCEAN DR
 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	P	<input type="checkbox"/> Delete
NAME	BAILEY, DAN	
STREET ADDRESS	10102 S. OCEAN DR. H609	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BILQUIN, MARY	
STREET ADDRESS	10102 SO OCEAN DR. #502	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARMION, ALAN	
STREET ADDRESS	10102 S OCEAN DR STE 702	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DINGER, ROBERT	
STREET ADDRESS	8962 WINGED FOOT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMUNDSEN, RITA	
STREET ADDRESS	10102 S OCEAN DRIVE APT 407	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Howard	
STREET ADDRESS	10102 S Ocean Dr. 102	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Manuel Beltran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/04 772-229-2635