

# 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

3. Mailing Address

Suite, Apt. #, etc.

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOARD OF DIRECTORS "A"  
10102 S OCEAN DR  
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. 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** ☐ Delete  
NAME **BAILEY, DAN**  
STREET ADDRESS **10102 S. OCEAN DR. H609**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **TS** ☐ Delete  
NAME **BILQUIN, MARY**  
STREET ADDRESS **10102 SO OCEAN DR. #502**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☐ Delete  
NAME **MARMION, ALAN**  
STREET ADDRESS **10102 S OCEAN DR STE 702**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☒ Delete  
NAME **DINGER, ROBERT**  
STREET ADDRESS **8962 WINGED FOOT DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete  
NAME **AMUNDSEN, RITA**  
STREET ADDRESS **10102 S OCEAN DRIVE APT 407**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **Robert Howard**  
STREET ADDRESS **10102 S Ocean Dr. 102**  
CITY-ST-ZIP **Jensen Beach FL 34957**

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

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: *Manu Bilquin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/04

772-229-2635