


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90003 010 ****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	
Zip		Country		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		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing <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 _____ NAME BAILEY, DAN <input type="checkbox"/> Delete STREET ADDRESS 10102 S. OCEAN DR. H609 CITY-ST-ZIP JENSEN BEACH, FL 34957	TITLE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME BILQUIN, MARY <input type="checkbox"/> Delete STREET ADDRESS 10102 SO OCEAN DR. #502 CITY-ST-ZIP JENSEN BEACH, FL 34957	TITLE _____ NAME SEC JANE BAILEY # 609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 10102 S. OCEAN DR CITY-ST-ZIP JENSEN BEACH, FL 34957		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME MARMION, ALAN <input type="checkbox"/> Delete STREET ADDRESS 10102 S OCEAN DR STE 702 CITY-ST-ZIP JENSEN BEACH, FL 34957	TITLE _____ NAME VICE PRES. RICHARD LYRUMICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 10102 S. OCEAN DR #708 CITY-ST-ZIP JENSEN BEACH, FL 34957		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME HOWARD, ROBERT <input type="checkbox"/> Delete STREET ADDRESS 10102 S. OCEAN DR. 102 CITY-ST-ZIP JENSEN BEACH, FL 34957	TITLE _____ NAME DIRECTOR FRED. HICK # 508 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 10102 S. OCEAN DR. -508 CITY-ST-ZIP JENSEN BEACH, FL. 34957		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME AMUNDSEN, RITA <input type="checkbox"/> Delete STREET ADDRESS 10102 S OCEAN DRIVE APT 407 CITY-ST-ZIP JENSEN BEACH, FL 34957	TITLE _____ NAME TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ 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: <u>Jane Bailey (JANE BAILEY) SEC. 6-10-05 772-229-3810</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	