



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			
Zip	Country	Zip	Country	05312005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1986936				Applied For <input type="checkbox"/> Not Applicable	
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 State: 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	P	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, DAN		NAME		
STREET ADDRESS	10102 S. OCEAN DR. H609		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILQUIN, MARY		NAME	JANE BAILEY - 609	
STREET ADDRESS	10102 SO OCEAN DR. #502		STREET ADDRESS	10102 S. OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARMION, ALAN		NAME	RICHARD LYRUMICK	
STREET ADDRESS	10102 S OCEAN DR STE 702		STREET ADDRESS	10102 S. OCEAN DR #708	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, ROBERT		NAME	FRED. HICK	
STREET ADDRESS	10102 S. OCEAN DR. 102		STREET ADDRESS	10102 S. OCEAN DR. -508	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUNDSEN, RITA		NAME		
STREET ADDRESS	10102 S OCEAN DRIVE APT 407		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
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>Jane Bailey (JANE BAILEY) SEC.</i> 6-10-05 772-229-3810					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	