

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-21-2005 90003 010 \*\*\*\*61.25

<b>DOCUMENT # 741222</b> 1. Entity Name <b>THE ATLANTIS BUILDING A CONDOMINIUM ASSOCIATION, INC.</b>					
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		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1986936</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOARD OF DIRECTORS "A"</b> <b>10102 S OCEAN DR</b> <b>JENSEN BEACH, FL 34957</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, DAN 10102 S. OCEAN DR. H609 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BILQUIN, MARY 10102 SO OCEAN DR. #502 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JANE BAILEY - 609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10102 S. OCEAN DR JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARMION, ALAN 10102 S OCEAN DR STE 702 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD LYRANICK 10102 S. OCEAN DR #708 JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, ROBERT 10102 S. OCEAN DR. 102 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRED. KICK 10102 S. OCEAN DR. -508 JENSEN BEACH, FL. 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMUNDSEN, RITA 10102 S OCEAN DRIVE APT 407 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 address with an address, with all other like empowered.				
<b>SIGNATURE:</b> <u>Jane Bailey (JANE BAILEY) SEC. 6-10-05 772-229-3810</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					