


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743513</b> 1. Entity Name <b>THE ATLANTIS BUILDING B CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>10152 SOUTH OCEAN DR. JENSEN BEACH, FL 34957</b>	Mailing Address <b>10152 SOUTH OCEAN DR. JENSEN BEACH, FL 34957</b>
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01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2006288</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RUDD, ENID  
10152 SOUTH OCEAN DRIVE  
JENSEN BEACH, FL 34957**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGE, ROGER 10152 S. OCEAN DR. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMONTAGNE, RICHARD 10152 S. OCEAN DR. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'KEEFE, AGNES 10152 S. OCEAN DR. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDD, ENID 12152 S. OCEAN DR. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWAUN, JOHN 10152 S. OCEAN DR. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000396623  
01/30/06-80018-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JOHN SWAUN, President** 1/19/06 229-6204  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #