

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90441 025 \*\*\*\*61.25

00001106



02092006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N98000007200</b> 1. Entity Name <b>THE PALMS AT ATLANTIS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CMC MANAGEMENT 2994 JOY RD, STE B LAKE WORTH, FL 33467</b>			Mailing Address <b>C/O CMC MANAGEMENT 2994 JOY RD, STE B LAKE WORTH, FL 33467</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0827598</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GERRISH, SCOT A 2999 JOG RD STE B GREENACRES, FL 33467</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATULIS, RAY</b>		NAME	<b>WILLIAM, GREAVETTE</b>	
STREET ADDRESS	<b>165 PALM CIR</b>		STREET ADDRESS	<b>224 PALM CIR.</b>	
CITY - ST - ZIP	<b>ATLANTIS, FL 33462</b>		CITY - ST - ZIP	<b>ATLANTIS, FL 33462</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUKE, TOM</b>		NAME	<b>ALYCE CARRELLI</b>	
STREET ADDRESS	<b>120 PALM CIR.</b>		STREET ADDRESS	<b>148 PALM CIR.</b>	
CITY - ST - ZIP	<b>ATLANTIS, FL 33462</b>		CITY - ST - ZIP	<b>ATLANTIS, FL 33462</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, ANN</b>		NAME	<b>TAYLOR, RITA</b>	
STREET ADDRESS	<b>181 PALM CIRCLE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ATLANTIS, FL 33462</b>		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POTESTA, RUDY</b>		NAME	<b>PAT SCHWEIKART</b>	
STREET ADDRESS	<b>217 PALM CIRCLE</b>		STREET ADDRESS	<b>105 PALM CIR.</b>	
CITY - ST - ZIP	<b>ATLANTIS, FL 33462</b>		CITY - ST - ZIP	<b>ATLANTIS, FL 33462</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>GERAY TIMMINIS</b>	
STREET ADDRESS			STREET ADDRESS	<b>108 PALM CIR.</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>ATLANTIS, FL 33462</b>	
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 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.					
<b>SIGNATURE:</b> <i>Rita L. Taylor (Rita L. Taylor)</i>			<b>4-25-06</b>		<b>561-276-5116</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #