2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 15, 2007 8:00 am DOCUMENT # 743513 **Secretary of State** 1. Entity Name 02-15-2007 90052 050 \*\*\*\*61.25 THE ATLANTIS BUILDING B CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 10152 SOUTH OCEAN DR. 10152 SOUTH OCEAN DR. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2006288 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent RUDD, ENID 10152 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957 Beac nsen 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. the obligations of registered agent. (NOTE, Registered FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 DEFE ☐ Delete HHE Addition NAMI PAGE, ROGER NAME STREET ADDRESS STREET ADDRESS 10152 S. OCEAN DR. CITY - SI - ZIP JENSEN BEACH FL 34957 CITY-ST-7IP ☐ Delele TITLE ☐ Change Addition LAMONTAGNE, RICHARD NAME. STREET ADDRESS STREET ADDRESS 10152 S. OCEAN DR. CITY-SI-7IP JENSEN BEACH FL 34957 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME CHRISTIANSON, JANET NAME STREET ADDRESS STREET ADDRESS 10152 S. OCEAN DR. CHY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 TOTAL TITLE ☐ Deleie □ Chappe ☐ Addition D NAME NAME RUDD, ENID STREET ADDRESS STREET ADDRESS 12152 S. OCEAN DR. CITY - ST - ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 THE ☐ Delete TIME. ☐ Change ☐ Addition NAME SACCO, NICK NAME STREET ADDRESS 10152 SOUTH OCEAN DR. STREET ADDRESS CITY - ST - ZIP JENSEN BEACH FL 34957 CITY - ST - ZIP THE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attackment with an address, with all other like empowered.

FILED

772229 6204