


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

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90052 050 ****61.25

DOCUMENT # 743513 <small>1. Entity Name</small> THE ATLANTIS BUILDING B CONDOMINIUM ASSOCIATION, INC.		
<small>Principal Place of Business</small> 10152 SOUTH OCEAN DR. JENSEN BEACH FL 34957	<small>Mailing Address</small> 10152 SOUTH OCEAN DR. JENSEN BEACH FL 34957	
<small>2. Principal Place of Business - No P.O. Box #</small> Suite, Apt. #, etc.	<small>3. Mailing Address</small> Suite, Apt. #, etc.	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent RUDD, ENID 10152 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957	7. Name and Address of New Registered Agent Name <i>Richard Lamontagne</i> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <i>10152 So. Ocean DR.</i> <i>U-111</i> City <i>Jensen Beach</i> FL <small>Zip Code</small> <i>34957</i>
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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 *Richard Lamontagne* *President* DATE *2/5/07*

(NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small> V <small>NAME</small> PAGE, ROGER <small>STREET ADDRESS</small> 10152 S. OCEAN DR. <small>CITY-ST-ZIP</small> JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> P <small>NAME</small> LAMONTAGNE, RICHARD <small>STREET ADDRESS</small> 10152 S. OCEAN DR. <small>CITY-ST-ZIP</small> JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> S <small>NAME</small> CHRISTIANSON, JANET <small>STREET ADDRESS</small> 10152 S. OCEAN DR. <small>CITY-ST-ZIP</small> JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> D <small>NAME</small> RUDD, ENID <small>STREET ADDRESS</small> 12152 S. OCEAN DR. <small>CITY-ST-ZIP</small> JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> T <small>NAME</small> SACCO, NICK <small>STREET ADDRESS</small> 10152 SOUTH OCEAN DR. <small>CITY-ST-ZIP</small> JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Richard Lamontagne* DATE: *2/5/07* 772 229 6204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR