

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 743513

1. Entity Name
**THE ATLANTIS BUILDING B CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**10152 SOUTH OCEAN DR.
JENSEN BEACH, FL 34957**

Mailing Address
**10152 SOUTH OCEAN DR.
JENSEN BEACH, FL 34957**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**LAMONTAGNE, RICHARD
10152 SOUTH OCEAN DRIVE
UNIT 111
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

Richard Lamontagne

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PAGE, ROGER
STREET ADDRESS	10152 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	P
NAME	LAMONTAGNE, RICHARD
STREET ADDRESS	10152 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	S
NAME	CHRISTIANSON, JANET
STREET ADDRESS	10152 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D
NAME	RUDD, ENID
STREET ADDRESS	12152 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	T
NAME	SACCO, NICK
STREET ADDRESS	10152 SOUTH OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80020-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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

R. Lamontagne *R. Lamontagne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/08

Daytime Phone #