


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90009 014 \*\*\*\*61.25

<b>DOCUMENT # 741222</b>			
1. Entity Name THE ATLANTIS BUILDING A CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10102 SO. OCEAN DR. ATLANTIS OFFICE BOX JENSEN BEACH, FL 34957		Mailing Address 10102 SO. OCEAN DR. ATLANTIS OFFICE BOX JENSEN BEACH, FL 34957	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1986936		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOARD OF DIRECTORS "A" 10102 S OCEAN DR JENSEN BEACH, FL 34957		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	
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	BAILEY, DAN	NAME	HORBELT, ROBERT
STREET ADDRESS	10102 S. OCEAN DR. H609	STREET ADDRESS	10102 S. OCEAN DRIVE #409
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, JANE	NAME	LINDAU, HAROLD
STREET ADDRESS	10102 S. OCEAN DRIVE # 609	STREET ADDRESS	10102 S. OCEAN DRIVE #501
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	SP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYTWYNIUK, RICHARD	NAME	
STREET ADDRESS	10102 S. OCEAN DRIVE # 708	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POETZSCH, PETER	NAME	
STREET ADDRESS	10102 S OCEAN DR #502	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYTWYNIUK, MARYANN	NAME	BAILEY, JANE
STREET ADDRESS	10102 S OCEAN DR #708	STREET ADDRESS	10102 S. OCEAN DRIVE #609
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	JENSEN BEACH FL 34957
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.			
SIGNATURE: <i>Robert L. Horbelt</i>		Robert L. Horbelt President 2/11/08 229-9013	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	