


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 741222	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02102008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1986936	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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: Robert L. Horbelt Robert L. Horbelt President 2/11/08 229-9013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #