2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757464

FILED Mar 24, 2009 Secretary of State

Entity Name: ATLANTIS III BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
10200 S OO JENSEN B		9572566 US				
Current Mailing Address:				New Mailing Address:		
10200 S OCEAN DR. JENSEN BEACH, FL 349572566 US				10200 S OCEAN DR. OFFICE JENSEN BEACH, FL 349572566 US		
FEI Number:	59-2163614	FEI Number Applied For ()	FEI Num	ber Not Appl	olicable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:		Name and	d Address of New Registered Agent:	
969 S FEDI SUITE 401 STUART, F	of Florida.		pose of	changing i	its registered office or registered agent, or both,	
SIGNATOR		nic Signature of Registered Agent	<u> </u>		 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (HEIN, FRED 14111 SW 741 MIAMI, FL 331			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD (PAPA, CHRIS 108 BONAIRE TOMS RIVER,			Title: Name: Address: City-St-Zip:	TD (X) Change () Addition CARL, FITJE 100C ROSSMORE DRIVE MONROE TWP., NJ 08837	
Title: Name: Address: City-St-Zip:	D (PAPA, CHRIS 108 BONAIRE TOMS RIVER,			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (CHAMBERS, N PO BOX 273 SARANAC LAK			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SOENEN, TED 39108 COLUM) Delete BIA WNSHIP, MI 48045		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENARD GOLDBAUM AGNT 03/24/2009