

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707725

Entity Name: THE ATLANTIS VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**125 VILLA CR
ATLANTIS, FL 33462**Current Mailing Address:**125 VILLA CR
ATLANTIS, FL 33462 US**FEI Number:** 59-1590286**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRAIN, PATRICIA K
125 VILLA CIRCLE
ATLANTIS, FL 33462 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	TRAIN, DENNIS
Address	125 VILLA CIRCLE
City-State-Zip:	ATLANTIS FL

Title	SECRETARY
Name	ALAXANIAN, PEGGY
Address	117 VILLA CIRCLE
City-State-Zip:	LAKE WORTH FL 33462

Title	TREASURER
Name	TRAIN, PATRICIA
Address	125 VILLA CIRCLE
City-State-Zip:	LAKE WORTH FL 33462

Title	D
Name	LARSON, MORGAN
Address	111 VILLA CIRCLE
City-State-Zip:	ATLANTIS FL 33462

Title	D
Name	BOND, BILL
Address	325 RIO VISTA
City-State-Zip:	ATLANTIS FL 33462

Title	D
Name	MIRTO, TOBY
Address	127 VILLA CR
City-State-Zip:	ATLANTIS FL 33462

Title	D
Name	TILLES, NANCY
Address	123 VILLA CR
City-State-Zip:	ATLANTIS FL 33462

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA K. TRAIN**TREASURER****04/20/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date