

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714261

FILED
Mar 07, 2016
Secretary of State
CC8540766571**Entity Name:** THE ATLANTIS REGENCY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O ASSET BOOKKEEPING CO. INC.
903 ST. JAMES STREET
WEST PALM BEACH, FL 33415**Current Mailing Address:**C/O ASSET BOOKKEEPING CO. INC.
903 ST. JAMES STREET
WEST PALM BEACH, FL 33415**FEI Number: 59-1315394****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DICKER, EDWARD ESQ
1818 AUSTRALIAN AVE. SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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	PD
Name	DE CESARE, ROBERT A
Address	169 ATLANTIS BLVD #202
City-State-Zip:	ATLANTIS FL 33462-1169

Title	VD
Name	KYLISH, FRANK
Address	1814 CHAPEL RD.
City-State-Zip:	SCOTCH PLAINS NJ 07076

Title	SD
Name	CREWS, CAROL ANN
Address	169 ATLANTIS BLVD. #103
City-State-Zip:	ATLANTIS FL 33462-1169

Title	TREASURER
Name	ARTOLA, ANGEL
Address	169 ATLANTIS BLVD 305
City-State-Zip:	ATLANTIS FL 33460

Title	DIRECTOR
Name	BOGGS, ROBERT
Address	169ATLANTIS BLVD. 106
City-State-Zip:	ATLANTIS FL 33460

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: ROBERT DECESARE**PRESIDENT****03/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date