

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004278

**Entity Name:** ATLANTIS BLUE PROJECT FOUNDATION, INC.

**Current Principal Place of Business:**

1000 SOUTH PINE ISLAND RD.  
800  
PLANTATION, FL 33324

**Current Mailing Address:**

1000 SOUTH PINE ISLAND RD.  
800  
PLANTATION, FL 33324

**FEI Number: 34-2045752**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** NRAI SERVICES, INC.

04/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LIU, MICHELLE  
Address 1000 SOUTH PINE ISLAND ROAD  
SUITE 800  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR, PRESIDENT  
Name OSWELL, AUDREY  
Address 1000 SOUTH PINE ISLAND RD.  
800  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR, SECRETARY  
Name TURNER, TED  
Address 1000 SOUTH PINE ISLAND RD.  
800  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR, TREASURER  
Name MILLAGE, LANCE  
Address 1000 SOUTH PINE ISLAND RD.  
800  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name PYFROM, GISELLE  
Address 1000 SOUTH PINE ISLAND RD.  
800  
City-State-Zip: PLANTATION FL 33324

*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:** LANCE MILLAGE

DIRECTOR, TREASURER 04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date