

2023 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.**04/17/2023**

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

Title	DIRECTOR
Name	VIANA, GARDINER
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 04/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date