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.

PRESIDENT

SIGNATURE: BILL GREAVETTE

Electronic Signature of Signing Officer/Director Detail

<u>2019 FL</u>	ORIDA NOT FOR	PROFIT COR	PORATION ANN	NUAL REPORT

DOCUMENT# N98000007200

Entity Name: THE PALMS AT ATLANTIS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CMC MANAGEMENT 2950 JOG ROAD LAKE WORTH, FL 33467

Current Mailing Address:

2950 JOG ROAD GREENACRES, FL 33467

FEI Number: 65-0827598

Name and Address of Current Registered Agent:

SCHNER, LARRY P.A. 750 SOUTH DIXIE HWY BOCA RATON, FL 33432 US FILED Feb 27, 2019 Secretary of State 7529495578CC

Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Director Detail :				
Title	PRESIDENT	Title	DIRECTOR	
Name	GREAVETTE, BILL	Name	DUKE, TOM	
Address	224 PALM CIR	Address	120 PALM CIRCLE	
City-State-Zip:	ATLANTIS FL 33462	City-State-Zip:	ATLANTIS FL 33462	
Title	VP	Title	SECRETARY	
Name	NELSON, GARY	Name	WITHKA, TOM	
Address	100 PALM CIR	Address	160 PALM CIRCLE	
City-State-Zip:	ATLANTIS FL 33462	City-State-Zip:	ATLANTIS FL 33462	
Title	TREASURER			
Name	DUNCAN, HONEY			
Address	136 PALM CIRCLE			
City-State-Zip:	ATLANTIS FL 33462			

02/27/2019

Date

Date