I hereby certify that the information indicated on this report or supplemental report is true and a	ccurate and that my electronic signature shall ha	ve 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 e	execute this report as required by Chapter 617, F	lorida Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: WILLIAM GREAVETTE	Р	04/16/2013

## 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 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.

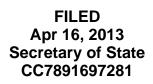
## SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Unice//Direc			
Title	Р	Title	т
Name	GREAVETTE, WILLIAM	Name	POZNICK, RICHARD
Address	224 PALM CIR	Address	175 PALM CIRCLE
City-State-Zip:	ATLANTIS FL 33462	City-State-Zip:	ATLANTIS FL 33462
Title	D	Title	D
Name	DUKE, TOM	Name	SEMWEIKART, PATRICIA
Address	120 PALM CIRCLE	Address	105 PALM CIR
City-State-Zip:	ATLANTIS FL 33462	City-State-Zip:	ATLANTIS FL 33462
Title	S		
Name	NEWMARK, TINA		
Address	180 PALM CIRCLE		
City-State-Zip:	ATLANTIS FL 33462		

Electronic Signature of Signing Officer/Director Detail



Date

Ρ