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 exe	cute this report as required by Chapter 617, Florida Statute	s; and that my name appears	
above, or on an attachment with all other like empowered.			
SIGNATURE: WILLIAM GREAVETTE	PRESIDENT	03/23/2017	

PRESIDENT

SIGNATURE: WILLIAM GREAVETTE

DOCUMENT# N9800007200

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

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 Mar 23, 2017 Secretary of State CC2462821569

Date

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 :

Onioch/Direc			
Title	Р	Title	DIRECTOR
Name	GREAVETTE, WILLIAM	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	LAWRENCE, MINDY
Address	100 PALM CIR	Address	145 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		

Electronic Signature of Signing Officer/Director Detail

Date