

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707725

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE ATLANTIS VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

125 VILLA CR
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

125 VILLA CR
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 59-1590286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAIN, PATRICIA K
125 VILLA CIRCLE
ATLANTIS, FL 33462 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAIN, DENNIS
Address: 125 VILLA CIRCLE
City-St-Zip: ATLANTIS, FL

Title: D () Delete
Name: DAISLEY, ET JR.
Address: 113 VILLA CR
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: CASEY, PATRICK
Address: 119 VILLA CIRCLE
City-St-Zip: LAKE WORTH, FL 33462

Title: TD () Delete
Name: TRAIN, PATRICIA
Address: 125 VILLA CIRCLE
City-St-Zip: LAKE WORTH, FL 33462

Title: D () Delete
Name: LARSON, MORGAN
Address: 111 VILLA CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: S () Delete
Name: THOMPSON, NANCY
Address: 103 VILLA CR
City-St-Zip: ATLANTIS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA K. TRAIN

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date