


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90089 013 \*\*\*\*61.25

<b>DOCUMENT # 714261</b> 1. Entity Name <b>THE ATLANTIS REGENCY CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>169 ATLANTIS BLVD ATLANTIS FL 33462</b>	Mailing Address <b>169 ATLANTIS BLVD ATLANTIS FL 33462</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40026689



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>PHILLIPS, R L 169 ATLANTIS BLVD 105 ATLANTIS FL 33462</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SULLIVAN, WILLIAM H 169 ATLANTIS BLVD 108 ATLANTIS FL 33462-1169</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PHILLIPS, R L 169 ATLANTIS BLVD 105 ATLANTIS FL 33462-1169</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ATOMIOM, BARBARA 169 ATLANTIS BLVD APT 205 ATLANTIS FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Atomiom, Barbara</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition (Spelling)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAFANTE, JANICE 169 ATLANTIS BLVD APT 303 ATLANTIS FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LaFante, Janice</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition (Spelling)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOLORES, ALBERT 169 ATLANTIS BLVD 308 ATLANTIS FL 33462-1169</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D [Signature] [Signature] [Signature]</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael Palowski</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>169 Atlantis Blvd. Apt 102</b> <b>Atlantis Fl. 33462</b> (President)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *R. Lee Phillips* *R. Lee Phillips* *3/2/05* *561-841-0372*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #