## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 04, 2006 8:00 am Secretary of State **DOCUMENT # 714261** 1. Entity Name 04-04-2006 90143 014 \*\*\*\*61.25 THE ATLANTIS REGENCY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 169 ATLANTIS BLVD ATLANTIS FL 33462 169 ATLANTIS BLVD ATLANTIS FL 33462 2. Principal Place of Business 3. Mailing Address ASSOCIATED ASSOCIATED 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number 59-1315394 Not Applicable \$8.75 Additional 5: Gertificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROPERTY PHILLIPS, R L Street Address (P.O. Box Number is Not Acceptable) 169 ATLÁNTIIS BLVD 105 ATLANTIS FL 33462 8 LAKE WORTH RA 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change Addition TITLE SULLIVAN, WILLIAM H NAME NAME STREET ADDRESS 169 ATLANTIS BLVD 108 STREET ADDRESS ATLANTIS FL 33462-1169 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition PHILLIPS, R L NAME NAME 169 ATLANTIS BLVD 105 STREET ADDRESS STREET ADDRESS ATLANTIS FL 33462-1169 CITY-ST-ZiP 33462-1169 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE ATAMIAR, BARBARA NAME NAME TAMIAN, BARSAR 169 ATLANTIS BLVD APT 205 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ATLANTIS FL 33462 CITY-ST-ZIP Delete TITLE Change ■ Addition LAFORTE, JANICE NAME NAME 169 ATLANTIS BLVD APT 303 STREET ADDRESS STREET ADDRESS ATLANTIS FL 33462 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY+ST-ZIP

SIGNATURE:

D

DOLORES, ALBERT

169 ATLANTIS BLVD 308

ATLANTIS FL 33462-1169

PALKOWSKI, MICHEAL

ATLANTIS FL 33462

169 ATLANTIS BLVD APT 102

TITLE

NAME

TITLE

NAMÉ

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-70P

X Delete

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Change

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