


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90009 001 \*\*\*\*61.25

<b>DOCUMENT # 714261</b>				
1. Entity Name THE ATLANTIS REGENCY CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		Mailing Address ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1315394
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		
		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	Zip Code
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 _____ DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, PAUL		NAME	
STREET ADDRESS	169 ATLANTIS BLVD 308		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS, FL 334621169		CITY-ST-ZIP	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDOUIS, MICHAEL		NAME	LUNDQUIST, MICHAEL
STREET ADDRESS	169 ATLANTIS BLVD 201		STREET ADDRESS	169 ATLANTIS BLVD #201
CITY-ST-ZIP	ATLANTIS, FL 334621169		CITY-ST-ZIP	ATLANTIS, FL 33462-1169
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATAMIAN, BARBARA		NAME	
STREET ADDRESS	169 ATLANTIS BLVD APT 205		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, DOLORES		NAME	
STREET ADDRESS	169 ATLANTIS BLVD 308		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS, FL 334621169		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALKOWSKI, MICHAEL		NAME	
STREET ADDRESS	169 ATLANTIS BLVD APT 102		STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS, FL 33462		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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 Chapter 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.				
SIGNATURE: <u>Paul Albert, Pres.</u>		Date: <u>3/16/07</u> (561) 588-7210		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		