
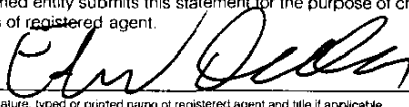
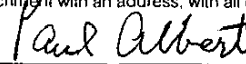


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90337 002 \*\*\*\*61.25

<b>DOCUMENT # 714261</b> 1. Entity Name <b>THE ATLANTIS REGENCY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business: <b>ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461</b>			Mailing Address <b>ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461</b>		
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 <b>59-1315394</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461</b>				7. Name and Address of New Registered Agent  Name <b>EDWARD DICKER, ESQUIRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1818 Australian Ave. South</b> <b>Suite 400</b> City <b>West Palm Beach</b> FL Zip Code <b>33409</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ALBERT, PAUL</b> <b>169 ATLANTIS BLVD 308</b> <b>ATLANTIS, FL 334621169</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <b>SULLIVAN, William</b> <b>40 COMMONWEALTH</b> <b>BOSTON, MA 02116</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>LUNDQUIST, MICHAEL</b> <b>169 ATLANTIS BLVD 201</b> <b>ATLANTIS, FL 334621169</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>DE CESARE, ROBERT A.</b> <b>169 ATLANTIS BLVD. #202</b> <b>ATLANTIS, FL 33462</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ATAMIAN, BARBARA</b> <b>169 ATLANTIS BLVD APT 205</b> <b>ATLANTIS, FL 33462</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ATAMIAN, BARBARA R.</b> <b>169 ATLANTIS BLVD. #205</b> <b>ATLANTIS, FL 33462</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>ALBERT, DOLORES</b> <b>169 ATLANTIS BLVD 308</b> <b>ATLANTIS, FL 334621169</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LUNDQUIST, MICHAEL</b> <b>PO BOX 920</b> <b>MARSHALLS CREEK, PA 18335</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PALKOWSKI, MICHAEL</b> <b>169 ATLANTIS BLVD APT 102</b> <b>ATLANTIS, FL 33462</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>PAUL ALBERT</b>			Date <b>4/9/08</b> Daytime Phone # <b>561-601-6504</b>		