

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-12-96

B-35005

C

DOCUMENT # 718507

(7)

1. Corporation Name

ATLANTIS GOLF CLUB, INC.

PAID

EXT. NO.

DATE

CHECK NO.



Principal Place of Business

Mailing Address

301 ORANGE TREE DRIVE
ATLANTIS FL 33462

301 ORANGE TREE DRIVE
ATLANTIS FL 33462

3. Date Incorporated or Qualified

05/14/1970

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1361946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, ALLAN F
126 DRIFTWOOD CIRCLE
ATLANTIS FL 33462

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Allan F. Bennett

President

4/5/96

Signature, typed or printed name of registered agent and state it applies to:

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	BREEN, EDWARD	
STREET ADDRESS	1130 N LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	☐ DELETE
NAME	VISCONSI, TOM	
STREET ADDRESS	521 SOUTH COUNTRY CLUB DRIVE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	TD	☐ DELETE
NAME	BENTON, WILLIAM A	
STREET ADDRESS	78 ISLAND DR S	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	VD	☒ DELETE
NAME	SPIEKER, A. G JR.	
STREET ADDRESS	450 PINE VILLA DRIVE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	☐ DELETE
NAME	STEDEN, DAN	
STREET ADDRESS	169 ATLANTIS BLVD., #104	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	PD	☐ DELETE
NAME	BENNETT, ALLAN F	
STREET ADDRESS	126 DRIFTWOOD CIRCLE	
CITY-ST-ZIP	ATLANTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Patricia McNally	
1.3 STREET ADDRESS	434 Pine Villa	
1.4 CITY-ST-ZIP	Atlanta, FL	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Frank Udvari	
2.3 STREET ADDRESS	481 Glenbrook	
2.4 CITY-ST-ZIP	Atlanta, FL	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Clark Dahlgren	
3.3 STREET ADDRESS	181F Atlantis Blvd.	
3.4 CITY-ST-ZIP	Atlanta, FL	
4.1 TITLE	VD	☐ Change ☒ Addition
4.2 NAME	Sid Anton	
4.3 STREET ADDRESS	492 South Country Club Drive	
4.4 CITY-ST-ZIP	Atlanta, FL 33462	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Max Snyder	
5.3 STREET ADDRESS	122 Driftwood Cir.	
5.4 CITY-ST-ZIP	Atlanta, FL 33462	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allan F. Bennett

President

4/8/96

966-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)