

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718507

FILED
Apr 23, 2007
Secretary of State

Entity Name: ATLANTIS GOLF CLUB, INC.

Current Principal Place of Business:

301 ORANGE TREE DRIVE
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

301 ORANGE TREE DRIVE
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 59-1361946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKHAM, PAUL
106 DRIFTWOOD CIRCLE
ATLANTIS, FL 33462 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: AUSTINO, FRANK A
Address: 438 FRENCH ROYALE CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: T () Delete
Name: SILVA, ROBERT JR
Address: 428 GLENBROOK DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: S () Delete
Name: ALLAN, ROBERT
Address: 732 MUIRFIELD CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: DEVER, JAMES C
Address: 625 CYPRESS KEY CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: P () Delete
Name: MARKHAM, PAUL
Address: 106 DRIFTWOOD CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: BALLENTINE, MICHAEL
Address: 440 PINE VILLA DRIVE
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LEACH, ALLAN
Address: 437 MUIRFIELD DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: D (X) Change () Addition
Name: BEACH, STAFFORD B
Address: P.O. BOX 4335
City-St-Zip: LANTANA, FL 33465

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MARKHAM

P

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date