

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90007 033 \*\*\*\*61.25

<b>DOCUMENT # 718559</b> 1. Entity Name <b>THE ATLANTIS REGENCY EAST GARDEN APARTMENTS CONDDMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CONDOMINIUM ASSOCIATION INC 157 ATLANTIS BLVD ATLANTIS, FL 33462</b>			Mailing Address <b>CONDOMINIUM ASSOCIATION INC 157 ATLANTIS BLVD ATLANTIS, FL 33462</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1372129</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<div style="display: flex; justify-content: space-between;"> <span>07042007    Chg-NP    CR2E037 (12/06)</span> </div>					
6. Name and Address of Current Registered Agent  <b>VICTORY ACCOUNTING SERVICE 5507 PEBBLE BROOK LANE BOYNTON BEACH, FL 33437</b>			7. Name and Address of New Registered Agent Name <u>Betty Ann Badger</u> Street Address (P.O. Box Number is Not Acceptable) <u>157 Atlantis Blvd., Apt. # 302</u> City <u>Atlantis</u> State <u>FL</u> Zip Code <u>33462</u>		
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 <u>Betty Ann Badger</u> <u>President</u> <u>7/8/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$81.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARMES, FREDURION 157 ATLANTIS BLVD., # 108 ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Brown Constance 157 Atlantis Blvd. # 101 Atlantis, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BADGER, BETTY ANN 157 ATLANTIC BLVD. #302 ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAHLOFER, INGRID 157 ATLANTIS BLVD, # 202 ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: <u>Betty Ann Badger</u> <u>President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7/8/07</u> <u>561-434-4145</u> <small>Date      Daytime Phone #</small>		