

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722202

FILED
Jun 29, 2009
Secretary of State

Entity Name: THE ATLANTIS ASSOCIATION, INC.

Current Principal Place of Business:

111 S. ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

111 S. ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 23-7267377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DIAZ, CARLOS
111 S ATLANTIC AVE
105
ORMOND BCH, FL 32176 US

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: P () Delete
Name: DIAZ, CARLOS
Address: 111 S. ATLANTIC AVE #1105
City-St-Zip: ORMOND BEACH, FL 32176

Title: S () Delete
Name: WUERTH, ELLEN
Address: 111 S ATLANTIC AVE #601
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: MRAZ, CARL
Address: 111 S ATLANTIC AVE #805
City-St-Zip: ORMOND BEACH, FL 32176

Title: T () Delete
Name: HINKLE, ROBERT
Address: 10821 CHEATHAM TR
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete
Name: ADAMSON, JUDY
Address: 111 S ATLANTIC AVE #202
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: HARRIS, RICHARD
Address: 111 S ATLANTIC AVE #502
City-St-Zip: ORMOND BEACH, FL 32176

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: CARLOS DIAZ

PRES

06/29/2009

Electronic Signature of Signing Officer or Director

Date