

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90009 014 \*\*\*\*61.25

<b>DOCUMENT # 741222</b> 1. Entity Name <b>THE ATLANTIS BUILDING A CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>10102 SO. OCEAN DR. ATLANTIS OFFICE BOX JENSEN BEACH, FL 34957</b>			Mailing Address <b>10102 SO. OCEAN DR. ATLANTIS OFFICE BOX JENSEN BEACH, FL 34957</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1986936</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>BOARD OF DIRECTORS "A" 10102 S OCEAN DR JENSEN BEACH, FL 34957</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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>	
<b>Make check payable to 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	P BAILEY, DAN 10102 S. OCEAN DR. H609 JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORBELT, ROBERT 10102 S. OCEAN DRIVE #409 JENSEN BEACH FL 34957
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, JANE 10102 S. OCEAN DRIVE # 609 JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDAU, HAROLD 10102 S. OCEAN DRIVE #501 JENSEN BEACH FL 34957
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP LYTWYNIUK, RICHARD 10102 S. OCEAN DRIVE # 708 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDAU, HAROLD 10102 S. OCEAN DRIVE #501 JENSEN BEACH FL 34957
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POETZSCH, PETER 10102 S OCEAN DR #502 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDAU, HAROLD 10102 S. OCEAN DRIVE #501 JENSEN BEACH FL 34957
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYTWYNIUK, MARYANN 10102 S OCEAN DR #708 JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JANE 10102 S. OCEAN DRIVE #609 JENSEN BEACH FL 34957
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYTWYNIUK, MARYANN 10102 S OCEAN DR #708 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JANE 10102 S. OCEAN DRIVE #609 JENSEN BEACH FL 34957
<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.					
<b>SIGNATURE:</b> <i>Robert L. Horbelt</i> <b>Robert L. Horbelt</b> <i>President</i> <b>2/11/08</b> <b>229-9013</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					