

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 743513 1. Entity Name THE ATLANTIS BUILDING B CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business
**10152 SOUTH OCEAN DR.
JENSEN BEACH, FL 34957**

Mailing Address
**10152 SOUTH OCEAN DR.
JENSEN BEACH, FL 34957**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2006288	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUDD, ENID
10152 SOUTH OCEAN DRIVE
JENSEN BEACH, FL 34957**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGE, ROGER 10152 S. OCEAN DR. JENSEN BEACH, FL 34957
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMONTAGNE, RICHARD 10152 S. OCEAN DR. JENSEN BEACH, FL 34957
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'KEEFE, AGNES 10152 S. OCEAN DR. JENSEN BEACH, FL 34957
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDD, ENID 12152 S. OCEAN DR. JENSEN BEACH, FL 34957
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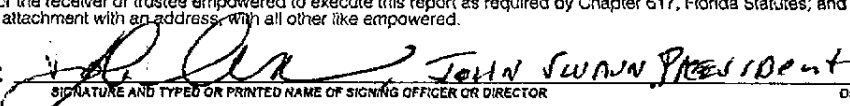
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWAUN, JOHN 10152 S. OCEAN DR. JENSEN BEACH, FL 34957
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/30/06-80018-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **JOHN SWAUN, President** 1/19/06 229-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #