

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90017 006 ****61.25

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1. Entity Name

THE ATLANTIS ATRIUMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

12 ATRIUM CIRCLE
ATLANTIS FL 33462-1102
US

Mailing Address

12 ATRIUM CIRCLE
ATLANTIS FL 33462-1102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1999685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
REFLECTIONS BUILDING
450 AUSTRALIAN AVENUE, 7TH FLOOR
WEST PALM BEACH FL 33401-5034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WALES, MARTINDALE**
STREET ADDRESS **6B ATRIUM CIR**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **VP** ☒ Delete
NAME **CEDENO, RENAN**
STREET ADDRESS **6A ATRIUM CIRCLE**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **SD** ☒ Delete
NAME **EDWARDS, FRANCES**
STREET ADDRESS **4-C ATRIUM CIRCLE**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **T/S** ☐ Delete
NAME **LEEDS, RONALD**
STREET ADDRESS **11A ATRIUM CIRCLE**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **D@L** ☒ Delete
NAME **NYQUIST, DAVID**
STREET ADDRESS **5B ATRIUM CIRCLE**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DANIEL LARKIN**
STREET ADDRESS **2A ATRIUM CIR**
CITY-ST-ZIP **ATLANTIS, FL. 33462**

TITLE **VP** ☒ Change ☐ Addition
NAME **SHARI MURRIELLO**
STREET ADDRESS **8D ATRIUM CIR**
CITY-ST-ZIP **ATLANTIS, FL. 33462**

TITLE **SEC.** ☒ Change ☐ Addition
NAME **JULIE KINTZ**
STREET ADDRESS **1D ATRIUM CIR**
CITY-ST-ZIP **ATLANTIS, FL. 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **MIKE MILLER**
STREET ADDRESS **10B ATRIUM CIR**
CITY-ST-ZIP **ATLANTIS, FL. 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

RONALD LEEDS

SIGNATURE:

Ronald Leeds

TREASURER

3/8/06

(561)969-9600