


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90028 030 ****61.25

DOCUMENT # 744052 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 				
4. FEI Number 59-1999685			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. REFLECTIONS BUILDING 450 AUSTRALIAN AVENUE, 7TH FLOOR WEST PALM BEACH, FL 33401-5034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARKIN, DANIEL 2A ATRIUM CIR 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	VP MURRIELLO, SHARI 8D ATRIUM CIR ATLANTIS, FL 33462		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID NIKWIST 5B ATRIUM CIRCLE ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINTZ, JULIE 1D ATRIUM CIR 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	T/S LEEDS, RONALD 11A ATRIUM CIRCLE ATLANTIS, FL 33462		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S JOAN INGERSOLL 9C ATRIUM CIRCLE ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MIKE 10B ATRIUM CIR ATLANTIS, FL 33462		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALES MARTINDALE 6B ATRIUM CIRCLE ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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>Joan Ingersoll</u> <u>Joan Ingersoll</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/13/07 <small>Date</small>		
562439-6385 <small>Daytime Phone #</small>						