

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90006 048 \*\*\*\*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.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1999685**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)

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

**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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2008**

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  
NAME **P LARKIN, DANIEL** ☐ Delete  
STREET ADDRESS **2A ATRIUM CIR**  
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE  
NAME **VP NIQUIST, DAVID** ☒ Delete  
STREET ADDRESS **5B ATRIUM CIR.**  
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE  
NAME **S KINTZ, JULIE** ☐ Delete  
STREET ADDRESS **1D ATRIUM CIR**  
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE  
NAME **T/S INGERSOLL, JOAN** ☒ Delete  
STREET ADDRESS **9C ATRIUM CIR.**  
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE  
NAME **VP/T MARTINDALE, WALES** ☐ Delete  
STREET ADDRESS **6B ATRIUM CIR.**  
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE  
NAME **D CARNE WILCOXON** ☐ Change ☒ Addition  
STREET ADDRESS **205 WALTON HEATH DRIVE**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

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.

**SIGNATURE: WALES MARTINDALE** *Wales Martindale* **VP/TREASURER** *2/2/08* **361-969-6340**