

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **751573** (7)
1. Corporation Name
ATLANTIS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ATLANTIS ON AMEILA CONDOMINIUM ASSO. INC. 3420 S. FLETCHER AVENUE FERNANDINA BCH. FL 32034	Mailing Address ATLANTIS ON AMEILA CONDOMINIUM ASSO. INC. 3420 S. FLETCHER AVENUE FERNANDINA BCH. FL 32034-4383
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1980		3a. Date of Last Report 01/31/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2052700		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent LATIMER, KENNETH P 3420 S. FLETCHER AVE., UNIT #303 FERNANDINA BCH. FL 32034				10. Name and Address of New Registered Agent			
				81 Name UNDERWOOD, ADDIE G.			
				82 Street Address (P.O. Box Number is Not Acceptable) 3420 S FLETCHER AVE., UNIT #204			
				83			
				84 City FERNANDINA BEACH			
				85 Zip Code FL 32034			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **ADDIE G UNDERWOOD** *Addie G Underwood* **4/29/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☒ DELETE		1.1 TITLE	PD	☒ Change ☐ Addition	
NAME	LATIMER, KENNETH P			1.2 NAME	UNDERWOOD, ADDIE		
STREET ADDRESS	3420 S. FLETCHER AVE. UNIT #303			1.3 STREET ADDRESS	3420 S FLETCHER AVENUE UNIT #204		
CITY-ST-ZIP	FERNANDINA BCH. FL 32034			1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
TITLE	V	☒ DELETE		2.1 TITLE	V	☒ Change ☐ Addition	
NAME	UNDERWOOD, HERBERT			2.2 NAME	J WAYNE ROBERT		
STREET ADDRESS	3420 S. FLETCHER AVE.			2.3 STREET ADDRESS	3420 S FLETCHER AVENUE UNIT #404		
CITY-ST-ZIP	FERNANDINA BCH. FL 32034			2.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034		
TITLE	ST	☐ DELETE		3.1 TITLE	ST	☐ Change ☐ Addition	
NAME	HOOPER, JOHN F			3.2 NAME	HOOPER, JOHN F		
STREET ADDRESS	3420 S. FLETCHER AVE. #301			3.3 STREET ADDRESS	3420 S FLETCHER AVENUE #301		
CITY-ST-ZIP	FERNANDINA BCH. FL 32034			3.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034		
TITLE	D	☒ DELETE		4.1 TITLE	D	☒ Change ☐ Addition	
NAME	LANGDALE, WILLIAM P			4.2 NAME	DONOVAN, DANIEL J.		
STREET ADDRESS	3420 S. FLETCHER AVE. #206			4.3 STREET ADDRESS	3420 S FLETCHER AVENUE #104		
CITY-ST-ZIP	FERNANDINA BCH. FL 32034			4.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		
TITLE	D	☒ DELETE		5.1 TITLE	D	☒ Change ☐ Addition	
NAME	MOORE, CLEON E			5.2 NAME	LOUDERMILK, LARRY R.		
STREET ADDRESS	602 HARDEMAN AVE.			5.3 STREET ADDRESS	3739 CREEK HOLLOW LAND		
CITY-ST-ZIP	FT. VALLEY GA			5.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068		
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Addie G Underwood* **ADDIE G UNDERWOOD** **4/29/97** **904 261-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000234

CR2E037 (9/96)