FILE NOW: FILING FEE IS $61.25

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90102 020 ****61.25

0000267

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751573

1. Corporation Name
ATLANTIS CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/17/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2052700 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

UNDERWOOD, ADDIE G
3420 S FLETCHER AVE UNIT #204
FERNANDINA BCH. FL 32034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
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	UNDERWOOD, ADDIE		1.2 NAME	DONOVAN, DANIEL J	
STREET ADDRESS	3420 S FLETCHER AVE UNIT #204		1.3 STREET ADDRESS	3420 S FLETCHER AVENUE UNIT 104	
CITY-ST-ZIP	FERNANDINA BCH. FL		1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	V	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	ROBERTS, J. W.		2.2 NAME	MARGARET E WILLIAMS	
STREET ADDRESS	3420 S FLETCHER AVE UNIT #404		2.3 STREET ADDRESS	3420 S FLETCHER AVENUE UNIT #406	
CITY-ST-ZIP	FERNANDINA BCH. FL		2.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	ST	☐ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	WILLIAMS, MARGARET E.		3.2 NAME	ROBERTS, J. W.	
STREET ADDRESS	3420 S. FLETCHER AVE, SUITE 406		3.3 STREET ADDRESS	3420 S FLETCHER AVENUE UNIT #404	
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	DONOVAN, DANIEL J		4.2 NAME	UNDERWOOD, ADDIE	
STREET ADDRESS	3420 S FLETCHER AVE #104		4.3 STREET ADDRESS	3420 S FLETCHER AVENUE UNIT #204	
CITY-ST-ZIP	FERNANDINA BCH. FL		4.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 30234	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LOUDERMILK, LARRY R		5.2 NAME	JAY, CHARLES	
STREET ADDRESS	3739 CREEK HOLLOW LAND		5.3 STREET ADDRESS	P O BOX 6635	
CITY-ST-ZIP	MIDDLEBURG FL		5.4 CITY-ST-ZIP	MACON, GA 31208	
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		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Addie G Underwood SIGNATURE REQUIRED 4/28/99 904 261-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #