

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90027 047 ****61.25

00001004



DO NOT WRITE IN THIS SPACE

DOCUMENT # 751573
1. Entity Name
ATLANTIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3420 S. FLETCHER AVENUE FERNANDINA BCH. FL 32034	Mailing Address 3420 S. FLETCHER AVENUE FERNANDINA BCH. FL 32034
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2052700	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
ADAMSON, WELDON T
3420 S FLETCHER AVE UNIT
FERNANDINA BCH. FL 32034

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete LANGDALE, W.P. 3420 S. FLETCHER AVE. UNIT #206 FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete ROBERTS, J. W. 3420 S FLETCHER AVE UNIT #404 FERNANDINA BCH. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ☐ Delete WILLIAMS, MARGARET E. 3420 S. FLETCHER AVE, SUITE 406 FERNANDINA BCH. FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete JAY, CHARLES 3420 S. FLETCHER AVE., UNIT #103 FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete AKIN, RICHARD 129 HAMILTON RD. CHAPPAQUA FL 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition SNOW, JEAN 3620 S FLETCHER AVENUE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition JAY, CHARLES A. 3420 S FLETCHER AVE. UNIT 103 FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☒ Change ☐ Addition WILLIAMS, MARGARET E. 3420 S FLETCHER AVENUE, UNIT 406 FERNANDINA BEACH, FL 30234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition WALKER, JUNE 1286 S RIVER OAKS DRIVE BLACKSHEAR, GA 31516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition AKIN, RICHARD 6 NEW STREET 2A NEWALK, CT 06855
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: *Margaret E. Williams* **SECRETARY** **1/4/00** **(904) 261-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)