2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
02-19-2002 90093 016 ****61.25

DOCUMENT # 751573

1. Entity Name

ATLANTIS CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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	7. Name and Address of New Registered Agent
ADAMSON, WELDON T 3420 S FLETCHER AVE UNIT FERNANDINA BCH. FL 32034	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 _____
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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANGDALE, W.P. 3420 S. FLETCHER AVE. UNIT #206 FERNANDINA BEACH FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JAY, CHARLES A. 3420 S FLETCHER AVENUE UNIT 102 FERNANDINA BEACH FL 32034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERTS, J. W. 3420 S FLETCHER AVE UNIT #404 FERNANDINA BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WALKER, JUNE 1286 S RIVER OAKS DRIVE BLACKSHEAR, GA 31516	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILLIAMS, MARGARET E. 3420 S. FLETCHER AVE, SUITE 406 FERNANDINA BCH. FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILLIAMS, MARGARET E 3420 S FLETCHER AVE, SUITE 406 FERNANDINA BEACH, FL 32034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAY, CHARLES 3420 S. FLETCHER AVE., UNIT #103 FERNANDINA BEACH FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SPRUILL, BARBARA 1614 Beaver Creek Lane SNELLVILLE, GA 30078	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AKIN, RICHARD 129 HAMILTON RD. CHAPPAQUA FL 10504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEHMANN, IRMGARD 119 GLENMARY AVENUE CINCINNATI, OH 45220	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #