2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

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

02032004 No Chg-NP CR2E037 (10/03)

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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

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JAY, CHARLES A
STREET ADDRESS	3420 S FLETCHER AVENUE, UNIT 102
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	WALKER, JUNE
STREET ADDRESS	12863 RIVER OAKS DR
CITY-ST-ZIP	BLACKSHEAR, GA 31516
TITLE	DS
NAME	WILLIAMS, MARGARET E
STREET ADDRESS	3420 S FLETVHER AVENUE, SUITE 406
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	DT
NAME	SPRUILL, BARBARA
STREET ADDRESS	1614 BEAVER CREEK LANE
CITY-ST-ZIP	SNELLVILLE, GA 30078
TITLE	DV
NAME	HEHMAN, IRMGARD
STREET ADDRESS	119 GLENMARY AVENUE
CITY-ST-ZIP	CINCINNATI, OH 45220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/04-60081-020 61.25

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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 2/7/04 904 261-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #