2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90815 010 ****61.25

DOCUMENT # 751573

1. Entity Name
ATLANTIS CONDOMINIUM ASSOCIATION, INC.

40091917

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

04202007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

ADAMSON, WELDON T
3420 S FLETCHER AVE UNIT
FERNANDINA BCH., FL 32034

7. Name and Address of New Registered Agent

Name COMPLETE Property Management
Street Address (P.O. Box Number is Not Acceptable)
3550 Biscayne Blvd.
#401
City Miami FL **FL** Zip Code 33137

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

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JAY, CHARLES A 3420 S FLETCHER AVE FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Scott Strongin 2225 W. Clarke Ave Spokane, WA 99201	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEHMANN, IRMAGARD 119 GLEN MARY AVE CINCINNATI, OH 45220	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Fred Edelstein 315 S. Lawrence St Philadelphia PA 19106	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WALKER, JUNE 1286 S RIVER OAKS DR BLACKSHEAR, GA 31516	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Nicola Heskett 3610 Gillham Rd. Kansas City MO 64111	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WILLIAMS, MARGARETE E 3420 S FLETFHER AVE, UNIT 406 FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRUILL, BARBARA 1614 BEAVER CK LN SNELLVILLE, GA 30078	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Chapter 119, 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: _____ 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #