

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90175 028 ****61.25

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**

10015722



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2052700**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

FILE NOW: FEE IS \$61.25

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 **DP** ☐ Delete
NAME **JAY, CHARLES A**
STREET ADDRESS **3420 S FLETCHER AVENUE, UNIT 102**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **DP** ☐ Change ☐ Addition
NAME **Jay Charles**
STREET ADDRESS **3420 S Fletcher Avenue**
CITY-ST-ZIP **Fernandina Beach FL 32034**

TITLE **DV** ☐ Delete
NAME **WALKER, JUNE**
STREET ADDRESS **1286 S RIVER OAKS DRIVE**
CITY-ST-ZIP **BLACKSHEAR GA 31516**

TITLE **D** ☒ Change ☐ Addition
NAME **Walker, June**
STREET ADDRESS **1286 S River Oaks Drive**
CITY-ST-ZIP **Blackshear GA 31516**

TITLE **DT** ☐ Delete
NAME **WILLIAMS, MARGARET E**
STREET ADDRESS **3420 S FLETCHER AVENUE, SUITE 406**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **DS** ☒ Change ☐ Addition
NAME **Williams, Margaret E**
STREET ADDRESS **3420 S Fletcher Ave**
CITY-ST-ZIP **Fernandina Beach FL 32034**

TITLE **SD** ☐ Delete
NAME **SPRUILL, BARBARA**
STREET ADDRESS **1614 BEAVER CREEK LANE**
CITY-ST-ZIP **SNELLVILLE GA 30078**

TITLE **DT** ☒ Change ☐ Addition
NAME **Spruill Barbara**
STREET ADDRESS **1614 Beaver Creek Lane**
CITY-ST-ZIP **Snellville GA 30078**

TITLE **D** ☐ Delete
NAME **HEHMAN, IRMGARD**
STREET ADDRESS **119 GLENMARY AVENUE**
CITY-ST-ZIP **CINCINNATI OH 45220**

TITLE **DV** ☒ Change ☐ Addition
NAME **Hehmann, Irmgard**
STREET ADDRESS **119 Glenmary Avenue**
CITY-ST-ZIP **Cincinnati OH 45220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1/27/03

904 261-4400

CR2E037 (10/02)