

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753830

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** NEW ATLANTIS CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12760 INDIAN ROCKS ROAD  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777

**New Mailing Address:**

**FEI Number:** 59-2167554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCARTHY, MIKE  
Address: 12760 INDIAN ROCKS ROAD #807  
City-St-Zip: LARGO, FL 33774

Title: VP ( ) Delete  
Name: O'DONNELL, KEVIN  
Address: 12760 INDIAN ROCKS RD., #530  
City-St-Zip: LARGO, FL 33774

Title: S ( ) Delete  
Name: RIEDY, PEG  
Address: 12760 INDIAN ROCKS RD., #708  
City-St-Zip: LARGO, FL 33774

Title: T ( ) Delete  
Name: RINI, ROBERT  
Address: 12760 INDIAN ROCKS RD. #1110  
City-St-Zip: LARGO, FL

Title: A/L ( ) Delete  
Name: POWERS, RICHARD  
Address: 12760 INDIAN ROCKS RD #1111  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MCCARTHY

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date