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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756465** (1)

1. Corporation Name
ATLANTIS ID, A CONDOMINIUM, INC.

Principal Place of Business 2901-D PAR LANE TALLAHASSEE FL 32301 US	Mailing Address 2901-D PAR LANE TALLAHASSEE FL 32301 US
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3. Date Incorporated or Qualified 02/20/1981	Applied For ☐ Not Applicable
4. FEI Number 59-2251116	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**DAVIS, JACQUELINE D
2901 D PAR LANE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE
NAME	THOMAS, ANNIE
STREET ADDRESS	2901-A PAR LN
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PO ☒ DELETE
NAME	COAD, GREG
STREET ADDRESS	2901-B PAR LN
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D ☐ DELETE
NAME	ANDERSON, SHARON
STREET ADDRESS	2901-C PAR LN
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	TD ☐ DELETE
NAME	DAVIS, JACQUELINE
STREET ADDRESS	2901-D PAR LN
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD ☒ DELETE
NAME	COAD, ELIZABETH
STREET ADDRESS	2901-D PAR LANE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	MILES, KEITH
2.3 STREET ADDRESS	2901-B PAR LANE
2.4 CITY-ST-ZIP	TALLAHASSEE, FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacqueline Davis* *Jacqueline Davis* *4-24-98* *(850) 456-7028*

CR2E037 (10/97)