2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90006 027 ****61.25

DOCUMENT # 756465

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

Principal Place of Business	Mailing Address
2901-D PAR LANE TALLAHASSEE, FL 32301 US	2847 WHITTINGTON DRIVE TALLAHASSEE, FL 32309 US

03142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2251116
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELA, HEARL K
2847 WHITTINGTON DRIVE
TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMAS, ANNIE
STREET ADDRESS	2901-A PAR LN
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	MILES, K
STREET ADDRESS	2901-B PAR LANE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	HASELDEN, CLARENCE
STREET ADDRESS	2901-C PAR LN
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	HEARL, ANGELA
STREET ADDRESS	2901-D PAR LN
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #