

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90214 048 ****61.25

DOCUMENT # 756466

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



Principal Place of Business
1815 MICCOSUKEE COMMONS DRIVE
SUITE 104
TALLAHASSEE, FL 32308

Mailing Address
P.O. BOX 14019
TALLAHASSEE, FL 32308 US



04192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2196308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAUGHTRY, TAMMY
COMMUNITY PROPERTY MANAGEMENT
1815 MICCOSUKEE COMMONS DRIVE, STE. 104
TALLAHASSEE, FL 32308

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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 _____

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURCH, RON
STREET ADDRESS 2885-A PAR LANE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D
NAME SCIRRON, FRANCESCO
STREET ADDRESS 2517 PRAIS ST
CITY-ST-ZIP STEVENS POINT, WI 54481

TITLE STD
NAME BARNARD, JAIME
STREET ADDRESS 2885 PARLANE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Francesco Scirron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29-06

Date

715-344-7020

Daytime Phone #