

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90012 042 ****61.25

DOCUMENT # 756467

1. Entity Name

ATLANTIS IE, A CONDOMINIUM, INC.



Principal Place of Business

2919-C PAR LANE
TALLAHASSEE FL 32301

Mailing Address

2919-C PAR LANE
TALLAHASSEE FL 32301

24016050



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2261297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, CINDI
2919-A PAR LANE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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
Due By May 1, 2004

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

TITLE ASAL, GLENDA KS ☐ Delete
NAME
STREET ADDRESS 2919 C PAR LN
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE VD ☒ Delete
NAME DAVIS, JULIUS
STREET ADDRESS 2919-D PAR LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE PTD ☒ Delete
NAME MADDRON, DWAYNE
STREET ADDRESS 2919-B PAR LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE SD ☐ Delete
NAME BROWN, CINDI
STREET ADDRESS 2919-A PAR LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition
NAME Asal, Glenda KS
STREET ADDRESS 2919 C Par Lane
CITY-ST-ZIP Tallahassee FL 32301

TITLE D ☒ Change ☐ Addition
NAME Carlile, Wilson
STREET ADDRESS 2919-D Par Lane
CITY-ST-ZIP Tallahassee FL 32301

TITLE D ☒ Change ☐ Addition
NAME King, Jarrod & Courtney
STREET ADDRESS 2919-B Par Lane
CITY-ST-ZIP Tallahassee, FL 32301

TITLE PDS ☐ Change ☒ Addition
NAME Brown, Cindi
STREET ADDRESS 2919-A Par Lane
CITY-ST-ZIP Tallahassee FL 32301

TITLE ☐ Change ☐ Addition
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: *Glenda F. Asal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2004 860-309-0307

Date

Daytime Phone #