

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759333** (8)

1. Corporation Name

ATLANTIS II, A CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1471 CAPITAL CIR. NW
SUITE B
TALLAHASSEE FL 32316-2396P.O. BOX 2396
TALLAHASSEE FL 32316-2396

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1981		3a. Date of Last Report 09/05/1996	
21 1332 N. BRONOUGH		26 P.O. BOX 373560		4. FEI Number 59-2217036		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State TALLAHASSEE, FL		27 City & State TALLAHASSEE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip 32303		28 Country US		29 Zip 32303		30 Country US	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

CAPPS, BETTY
C/O HAVEN MANAGEMENT OF TALL., INC.
1471 CAPITAL CIRCLE NW, SUITE B
TALLAHASSEE FL 32303

81 Name TODD WOODWARD	85 Zip Code 32303
82 Street Address (P.O. Box Number is Not Acceptable) C/O CANOPY ROADS MANAGEMENT, INC.	
83 1332 N. BRONOUGH ST.	
84 City TALLAHASSEE	85 State FL

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

TODD WOODWARD *Todd Woodward***4/29/97**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FOWLER, DOUGLAS 5092 TALLOW POINT RD. TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/D TAMMY ROBINSON 5607 DEER HILL TRAIL TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FOWLER, DOUGLAS 5092 TALLOW POINT RD. TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VPD DOUGLAS FOWLER 5092 TALLOW POINT RD. TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CANNON, ELISSA HENDERSON 6608 PEACHTREE DRIVE TAMPA FL 33617 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S/T/D LORI FOSTER 1581 NW 91ST AVE. PLANTATION, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LATTIMORE, MICHELLE 1800-B NICKLAUS DRIVE TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPPS, BETTY 1741 CAPITAL CIRCLE NW, SUITE B TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Tammy Robinson* **TAMMY ROBINSON** **4/30/97** **(904) 222-3189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)