# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # 762395

1. Entity Name
THE FOURSOME AT ATLANTIS CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JAMES STEINHAUSER<br>316 ORANGE TREE DR UNIT C<br>ATLANTIS, FL 33462 | C/O JAMES STEINHAUSER<br>316 ORANGE TREE DR UNIT C<br>ATLANTIS, FL 33462 |

DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2501691
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEINHAUSER, JAMES
316 ORANGE TREE DRIVE, #C
ATLANTIS, FL 33462

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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, 2008**

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

U00000775839
01/08/08-80026-007 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VD |
| NAME | VANDER WOUDE, JAMES A |
| STREET ADDRESS | 316 ORANGE TREE DR. |
| CITY-ST-ZIP | ATLANTIS, FL 33462 |
| TITLE | VD |
| NAME | GARDNER, DR. WALLACE J |
| STREET ADDRESS | 1791 MASSACHUSETTS AVENUE |
| CITY-ST-ZIP | CAMBRIDGE, MA 02140 |
| TITLE | VD |
| NAME | STEINHAUSER, JAMES |
| STREET ADDRESS | 316 ORANGE TREE DR C |
| CITY-ST-ZIP | ATLANTIS, FL 33462 |
| TITLE | VD |
| NAME | BENTON, WILLIAM A |
| STREET ADDRESS | 78 ISLAND DRIVE SOUTH |
| CITY-ST-ZIP | OCEAN RIDGE, FL 33435 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** James Steinhauser JAMES STEINHAUSER 1-4-08 561-966-0393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #