2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90027 019 ****61.25

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1. Entity Name
ATLANTIS INDUSTRIAL AND BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2323 NORTH STATE STREET, UNIT 104 BUNNELL, FL 32110	2323 NORTH STATE STREET, UNIT 104 BUNNELL, FL 32110

02152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2323 NORTH STATE ST	2323 NORTH STATE ST
Suite, Apt. #, etc.: UNIT # 58	Suite, Apt. #, etc.: UNIT # 58
City & State: BUNNELL FL	City & State: BUNNELL FL
Zip: 32110 Country: US	Zip: 32110 Country: US

4. FEI Number: 20-5857148 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGELLO, MARK 2323 NORTH STATE STREET, UNIT 104 BUNNELL, FL 32110	Name: MARK LANGELLO Street Address (P.O. Box Number is Not Acceptable): 2323 NORTH STATE ST UNIT # 58 City: BUNNELL FL Zip Code: 32110

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 _____ JOSEPH LANGELLO, SECRETARY 2/15/08
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LANGELLO, MARK 3481 NORTH OCEANSHORE BLVD FLAGLER BEACH, FL 32136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MAIN, MARK 2 SEAWARD TRAIL PALM COAST, FL 32164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LANGELLO, GRACE 3481 NORTH OCEANSHORE BLVD FLAGLER BEACH, FL 32136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DS JOE LANGELLO 3481 N OCEANSHORE BLVD FLAGLER BEACH FL 32110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LANGELLO, JOE 2323 NORTH STATE STREET, UNIT 104 BUNNELL, FL 32110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ JOSEPH LANGELLO, SECRETARY 2/15/08 386 313-6950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #