2008 NOT-FOR-PROFIT CORPORATION

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

ANNUAL REPORT					
OCUMENT # N06000011206	THE TO				

1. Entity Name ATLANTIS INDUSTRIAL AND BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.							0 2 21 2 000	, , , , , , , , , , , , , , , , , , , ,		1.20	
•		s REET, UNIT 104	Mailing Address 2323 NORTH ST BUNNELL, FL 3		UNIT 104		41	Mena-			
2. Principal F		ness - No P.O. Box #	3. Mailing Address 2323	Nozni	Snene	ST					
Suite, Apt.	T # 9	5 <i>8</i>	Suite, Apt. #, e		•		02152008	Chg-NP	CR2E	037 (12/06)	
	18 V E U	pl	Gity & State		FL		4. FEI Number 20-5857	148			oplied For ot Applicable
Zio 3	32110	Country U.S	Zip 3 2 1.00		US .		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current F	Registered Agent				7. Name and A	ddress of New	Registered	d Agent	
LANGELLE 2323 NOR BUNNELL	RTH STATE	E STREET, UNIT 104	ı		Street A	+ R K .ddress (F 23	LA P.O. Box Number NORTH	NGELL is Not Acceptable	ile)		
BONNELL	., 1 0211	0			u	۸ ۱۲	# 58			<u> </u>	
					CityBr	LNA	JELL ed agent, or both		F	. د	2110
8. The above the obligat	e named entity tions of regist	y submits this statement for tered agent.	r the purpose of chan	ging its registe	ered office or	r registere	ed agent, or both,	in the State of F	Torida. I ar	n familiar with,	and accept
		\sim								_1 /	_
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable.	NOTE: Register		_	when reinstating)	CLAETAN	DATE	2/15/	<u> </u>
SIGNATURE	Filing Fe	or finited name of registered agent a see is \$61.25 May 1, 2008	9. Elect		red Agent signat	ure required			Make che	ck payable t	
SIGNATURE	Filing Fe	e is \$61.25	9. Elect Trust	(NOTE: Register	red Agent signate Financing ution.	ur e required o	stating) \$5.00 May Be	Flo	Make che orida Depa	ck payable t artment of S	tate
<u></u>	Filing Fe Due by N DP LANGELL 3481 NOF	ne is \$61.25 May 1, 2008 OFFICERS AND DIR	9. Elect Trust	on Campaign Fund Contribu 11. e Till NAI SIF	red Agent signate Financing ution. LE	ur e required o	\$5.00 May Be Added to Fees	Flo	Make che orida Depa	ck payable t artment of S	tate
10. IITLE NAME STREET ADDRESS	DP LANGELL 3481 NOF FLAGLER DV MAIN, MA 2 SEAWA	OFFICERS AND DIR OFFICERS AND DIR O, MARK RTH OCEANSHORE BL	9. Elect Trust	(NOTE: Register on Campaign Fund Contribu 11: e	red Agent signat Financing ution LE ME REET ADDRESS IY-S1-ZIP LE	ur e required o	\$5.00 May Be Added to Fees	Flo	Make che orida Depa	ck payable tartment of S	tate
10. INTLE NAME STREET ADDRESS CITY-S1-ZIP INTLE NAME STREET ADDRESS	DP LANGELL 3481 NOF FLAGLER DV MAIN, MA 2 SEAWA PALM CO DS LANGELL 3481 NOF	OFFICERS AND DIR OFFICERS AND DIR O, MARK RTH OCEANSHORE BL R BEACH, FL 32136	9. Elect Trust Dele VD Dele Dele	(NOTE: Register on Campaign Fund Contribu 11 e IIII NAI SIF CIT e IIII NAI SIF CIT e IIII NAI SIF CIT	Financing tion. LE ME REET ADDRESS Y'-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE LE ME REET ADDRESS LE LE LE LE LE LE LE LE LE	A A DS. JOS SY 86	\$5.00 May Be Added to Fees	GES TO OFFICE	Make che- orida Depa ERS AND D	ck payable tartment of S DIRECTORS IN Change Change	tate 1 10 Addition
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CITY-ST-ZIP 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.

	secretary 2/15/08	386 313-6950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #