2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State 05-03-2005 90113 037 ****61.25

Daytime Phone #

DOCUMENT # N10529 1. Entity Name ATLANTIS OWNERS ASSOCIATION, INC.								· - ·	90113 O.	,	01.2	23
Principal Place P.O. BOX 372 PO BOX 3724 SATELLITE BE	2441 441		P.O. E PO B	Address BOX 372441 OX 372441 LLITE BEACH, FL	32937-	9441	10111101110					
2. Principal Pl	lace of Busin	ess	1	ing Address	TCK	DRIVE					ŀ	
Suite, Apt. #, etc.			1413 S. PATRICK DRI Suite, Apt. #, etc. SUITE 7			DKIVE	04262005	Chg-NP	CR2E0	37 (10/0	3)	
City & State	9		! '	y & State OTAN HARBO	ITR B	SEACH FI.	4. FEt Numbe 59-2576	5 160			<u>-</u> -	lied For Applicable
Zip		Country	Zip 329)	Cor	intry IS	-1	of Status Desired	۵	\$8.75 Fee Rec		
	6. Name	and Address of Current I					7. Name and	Address of New	Registered	Agent	<u>-</u>	
NORTHCU						Name	_					
2194 NORTH A1A, SUITE 306 SUITE 310						Street Address	s (P.O. Box Numbe	r is Not Acceptab	le) 			
INDIAN HE	BR BEACH	H, FL 32937										
						City			Fl	Zip	Code	
	named entit ions of regis	y submits this statement for tered agent.	r the purp	ose of changing its	register	ed office or regist	tered agent, or bot	h, in the State of F	lorida. I am	familiar v	with, a	nd accept
SIGNATURE .	<u></u>					<u> </u>			-			
	Signature, typed	or printed name of registered agent a	and title it app	HCable: {NO1E	:: Registere	od Agent signatura requi	ered when reinstating)		DATE			
	Filing Fe	e is \$61.25		Election Can	npaign F	inancing	\$5.00 May B	e i	Make chec			
		lay 1, 2005		Trust Fund C	Contribut	tion.	Added to Fees	Flo	orida Depa	rtment c	of Sta	ite
10.	Due by N		RECTORS	Trust Fund C	11.		Added to Fees	ANGES TO OFFIC	<u> </u>	IRECTOR	S IN	10
10. TITLE NAME	Due by N	lay 1, 2005	RECTORS			E	Added to Fees	Flo	<u> </u>		S IN	
TITLE NAME STREET ADDRESS	STD NORTHO 2194 NOI	OFFICERS AND DIF CUTT, SIGI RTH A1A, SUITE 306	RECTORS	Trust Fund C	11. TITLL NAM STRE	E AE EET ADDRESS	Added to Fees	Flo	<u> </u>	IRECTOR	S IN	10
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: