

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N10529

1. Entity Name
ATLANTIS OWNERS ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 372441
PO BOX 372441
SATELLITE BEACH, FL 32937-9441

Mailing Address
1413 S PATRICK DR
STE 7
SATELLITE BEACH, FL 32937



04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2576160

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORTHCUTT, WILLIAM R.
2194 NORTH A1A, SUITE 306
SUITE 310
INDIAN HBR BEACH, FL 32937

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IN THIS SPACE**

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

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NORTHCUTT, SIGI 2194 NORTH A1A, SUITE 306 INDIAN HARBOR BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SANDERS, DAVID 2194 NORTH A1A, SUITE 208 INDIAN HARBOR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PALSIS, GARY 2194 N. A1A STE 204 INDIAN HARBOR BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/25/07-80006-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Gary M. Palsis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07
Date

Daytime Phone #