



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N10529</b> 1. Entity Name <b>ATLANTIS OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>P.O. BOX 372441 PO BOX 372441 SATELLITE BEACH, FL 32937-9441</b>	Mailing Address <b>1413 S PATRICK DR STE 7 SATELLITE BEACH, FL 32937</b>
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04032008 No Chg-NP CR2E037 (4/06)	
4. FEI Number <b>59-2576160</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>NORTHCUTT, WILLIAM R. 2194 NORTH A1A, SUITE 306 SUITE 310 INDIAN HBR BEACH, FL 32937</b>
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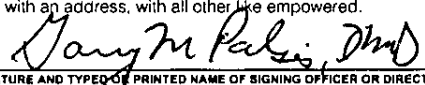
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-11-08</b> Daytime Phone <b>321-773-7406</b>