

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10529

FILED
Nov 02, 2009
Secretary of State

Entity Name: ATLANTIS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 372441
PO BOX 372441
SATELLITE BEACH, FL 329379441

New Principal Place of Business:

2194 NORTH HWY A1A
INDIAN HARBOR BEACH, FL 32937

Current Mailing Address:

1413 S PATRICK DR
STE 7
SATELLITE BEACH, FL 32937

New Mailing Address:

790 SUNSET DR
MELBOURNE, FL 32935

FEI Number: 59-2576160 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: WILLIAM R NORTHCUTT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: NORTHCUTT, SIGI
Address: 2194 NORTH A1A, SUITE 306
City-St-Zip: INDIAN HARBOR BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: SANDERS, DAVID
Address: 2194 NORTH A1A, SUITE 208
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Delete
Name: PALSIS, GARY
Address: 2194 N. A1A STE 204
City-St-Zip: INDIAN HARBOR BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY PALSIS

P

11/02/2009

Electronic Signature of Signing Officer or Director

Date