

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28863

FILED
Apr 20, 2009
Secretary of State

Entity Name: EASTWIND OF ATLANTIS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O S WAGNER
193 ORANGE TREE DR
ATLANTIS, FL 33462

New Principal Place of Business:

C/O LEIANN DAVIS/DAVIS ACCOUNTING
4010 57TH AVENUE SUITE 104A
LAKE WORTH, FL 33463

Current Mailing Address:

C/O S WAGNER
193 ORANGE TREE DR
ATLANTIS, FL 33462

New Mailing Address:

P.O. BOX 542592
GREENACRES, FL 334542592

FEI Number: 65-0121773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, SUSAN
193 ORANGE TREE DR
LAKE WORTH, FL 33462 US

Name and Address of New Registered Agent:

DAVIS, LEIANN S
4010 SOUTH 57TH AVENUE
SUITE 104A
LAKE WORTH, FL 33463 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: LEIANN S. DAVIS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: WAGNER, SUSAN
Address: 193 ORANGE TREE DR
City-St-Zip: ATLANTIS, FL 33462

Title: PD () Delete
Name: MOORE, PAT
Address: 192 ORANGE TREE DR
City-St-Zip: ATLANTIS, FL 33462

Title: VPD () Delete
Name: MYLES, DONNA
Address: 190 ORANGE TREE DR
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DAVIS, LEIANN S
Address: 4010 SOUTH 57TH AVENUE, SUITE 104A
City-St-Zip: LAKE WORTH, FL 33463

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

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: LEIANN S. DAVIS

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04/20/2009

Electronic Signature of Signing Officer or Director

Date