

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90085 001 ****61.25

DOCUMENT # *N98000007200*

1. Entity Name

The Palms at Atlantis Homeowners Association, Inc.

Principal Place of Business

Mailing Address

*12534 Wiles Road
 Coral Springs, FL 33076*

*951 Broken Sound Pkwy.
 Suite 250
 Boca Raton, FL 33487*

B0052050

2. Principal Place of Business

3. Mailing Address

Community Association Svcs., Inc.
 Ste. 250
 951 Broken Sound Pky. NW
 Boca Raton, FL 33487-3531

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0827598

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Larry A. Rothenberg, P.A.
 900 North Federal Hwy., Suite 460
 Boca Raton, FL 33432*

Name

Joel Messinger

Street Address (P.O. Box Number is Not Acceptable)

951 Broken Sound Pkwy.

Suite 250

City

Boca Raton

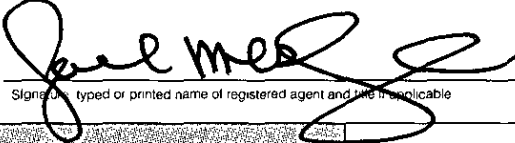
FL

Zip Code

33487

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.

SIGNATURE



Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *DST* Delete
 NAME *MOSCOVITCH, LENIS*
 STREET ADDRESS *12534 Wiles Road*
 CITY-ST-ZIP *Coral Springs, FL 33076*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *PD* Delete
 NAME *PERRY, CRAIG*
 STREET ADDRESS *12534 Wiles Road*
 CITY-ST-ZIP *Coral Springs, FL 33076*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *VPD* Delete
 NAME *HOCKMAN, HARRY*
 STREET ADDRESS *12534 Wiles Road*
 CITY-ST-ZIP *Coral Springs, FL 33076*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Craig Perry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)