

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 02, 2004 8:00 am
Secretary of State

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1. Entity Name
SPA ATLANTIS CONDOMINIUM HOTEL ASSOCIATION,
INC.



Principal Place of Business
1350 N OCEAN BLVD
POMPANO BEACH, F; 33062 0

Mailing Address
1350 N OCEAN BLVD
POMPANO BEACH, F; 33062 0



01252004 No.Chg.NP CR2E037 (10/03)

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4. FEI Number
59-3688029

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WEISMAN, DAVID ESQ.
2021 TYLER STREET
HOLLYWOOD, FL 33020

**DO NOT WRITE
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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MINKIN, CAROL
STREET ADDRESS 1350 N OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH, F; 33062

TITLE SD
NAME MINKIN, JOSHUA
STREET ADDRESS 1350 N OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH, F; 33062

TITLE VD
NAME DIENHARDT, JOHN C
STREET ADDRESS 1350 N OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH, F; 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/04
Date

Daytime Phone #