

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718559

**Entity Name:** THE ATLANTIS REGENCY EAST GARDEN APARTMENTS  
CONDDMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**3483848063CC**

**Current Principal Place of Business:**

ATLANTIS REGENCY EAST GARDEN APTS. CONDO  
157 ATLANTIS BLVD  
ATLANTIS, FL 33462

**Current Mailing Address:**

1206 S. LAKE DR.  
506  
LANTANA, FL 33462 US

**FEI Number: 59-1372129**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSET BOOKKEEPING CO. INC.  
1206 S. LAKE DR.  
506  
LANTANA, FL 33462 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CARLOMUSTO, JOSEPH  
Address 157 ATLANTIS BLVD # 108  
City-State-Zip: ATLANTIS FL 33462

Title VPD  
Name NOTHNAGLE, ROBERT  
Address 157 ATLANTIC BLVD. #103  
City-State-Zip: ATLANTIS FL 33462

Title DIRECTOR  
Name MCQUADE, ALICE  
Address 157 ATLANTIS BLVD. #205  
City-State-Zip: ATLANTIS FL 33462

*I hereby 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 all other like empowered.*

**SIGNATURE: JOSEPH CARLOMUSTO**

**PRESIDENT**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date