

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004278

Entity Name: ATLANTIS BLUE PROJECT FOUNDATION, INC.**Current Principal Place of Business:**1000 SOUTH PINE ISLAND RD.
800
PLANTATION, FL 33324**Current Mailing Address:**1000 SOUTH PINE ISLAND RD.
800
PLANTATION, FL 33324**FEI Number:** 34-2045752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** NRAI SERVICES, INC.

04/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, TREASURER
Name HERNANDEZ, CARLOS
Address 1000 S PINE ISLAND RD SUITE 800
City-State-Zip: PLANTATION FL 33324

Title VP
Name LIU, MICHELLE
Address 1000 SOUTH PINE ISLAND ROAD
SUITE 800
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR, PRESIDENT
Name OSWELL, AUDREY
Address 1000 SOUTH PINE ISLAND RD.
800
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR, SECRETARY
Name TURNER, TED
Address 1000 SOUTH PINE ISLAND RD.
800
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name MILLAGE, LANCE
Address 1000 SOUTH PINE ISLAND RD.
800
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name PYFROM, GISELLE
Address 1000 SOUTH PINE ISLAND RD.
800
City-State-Zip: PLANTATION FL 33324

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: CARLOS HERNANDEZ

TREASURER

04/17/2019

Electronic Signature of Signing Officer/Director Detail

Date