

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **717491** (5)

1. Corporation Name
THE ATRIUM ASSOCIATION INC.

Principal Place of Business 800 EAST CAMINO REAL BOCA RATON FL 33432	Mailing Address 800 EAST CAMINO REAL BOCA RATON FL 33432
--	--

3. Date Incorporated or Qualified
11/04/1969

4. FEI Number
59-1351335

Applied For
☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

Prime Mart Group Inc.
6300 Park of Commerce
Boca Raton FL
33487
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILLIPS, EDWIN
800 E. CAMINO REAL
APT 102
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

Myron Swatt
Prime Management Group
6300 Park of Commerce Blvd
Boca Raton FL 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Edwin Phillips* DATE **4/14/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	VPO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGARTH, EDWARD MR.			1.2 NAME	MCGARTH		
STREET ADDRESS	2435 N.W. 62ND ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P.D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRASSANO, NICHOLAS			2.2 NAME	Ed Phillips		
STREET ADDRESS	800 E. CAMINO REAL			2.3 STREET ADDRESS	800 E. CAMINO REAL #102		
CITY-ST-ZIP	BOCA RATON, FL 00000			2.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SAYAD, ROBERT			3.2 NAME	Dennis Crompton		
STREET ADDRESS	18 W. 036 HOLLY AVE.			3.3 STREET ADDRESS	800 E CAMINO REAL # 314		
CITY-ST-ZIP	DARIEN IL			3.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SAYAD, ROBERT			4.2 NAME	PAT SCARR		
STREET ADDRESS	800 E CAMINO REAL			4.3 STREET ADDRESS	800 E. CAMINO REAL #209		
CITY-ST-ZIP	BOCA RATON, FL 00000			4.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, JAN			5.2 NAME			
STREET ADDRESS	800 E. CAMINO REAL			5.3 STREET ADDRESS	4406		
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP	33432		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MORTON, HERBERT			6.2 NAME	John Guardino		
STREET ADDRESS	982 EASTWOOD RD.			6.3 STREET ADDRESS	800 E CAMINO REAL #308		
CITY-ST-ZIP	QUENCOE IL			6.4 CITY-ST-ZIP	BOCA RATON FL 33432		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edwin Phillips* **EDWIN PHILLIPS** DATE **4/24/98** **561-394-4864**

CR2E037 (10/97)