

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90395 009 ****61.25

DOCUMENT # 717491

1. Entity Name
THE ATRIUM ASSOCIATION INC.



Principal Place of Business
**800 E CAMINO REAL
BOCA RATON FL 33432**

Mailing Address
**800 E CAMINO REAL
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1351335**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RHINEHARDT, MAURICE O
800 E CAMINO REAL
109
BOCA RATON FL 33432**

Name **EVELYN A. GREENE**

Street Address (P.O. Box Number is Not Acceptable)
800 E. CAMINO REAL # 111

City **BOCA RATON** FL Zip Code **33432**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GRESSGOTT, HARVEY	
STREET ADDRESS	1803 DENISON ROAD	
CITY-ST-ZIP	NAPERVILLE IL 60565	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREENE, E A	
STREET ADDRESS	800 E CAMINO REAL # 111	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RHINEHARDT, MAURICE	
STREET ADDRESS	800 E. CAMINO REAL, #109	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANEY, COLLEEN	
STREET ADDRESS	800 E CAMINO REAL # 411	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELYN A. GREENE	
STREET ADDRESS	800 E. CAMINO REAL # 111	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	Vice President, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN HANEY	
STREET ADDRESS	800 E CAMINO REAL # 411	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY GRESSGOTT	
STREET ADDRESS	1803 DENISON ROAD	
CITY-ST-ZIP	NAPERVILLE, IL 60565	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURICE O. RHINEHARDT	
STREET ADDRESS	800 E. CAMINO REAL # 109	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT GAYAD	
STREET ADDRESS	18 W. 086 NOLLY AVE	
CITY-ST-ZIP	NAPERVILLE, IL 60563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED *Evelyn A. Greene*

4-9-03

561-338-6115

CR2E037 (10/02)