

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750116 (6)
1. Corporation Name
THE ATRIUM GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 18001 NORTH BAY RD, SUNNY ISLES FL 33160-2762, US
Mailing Address: 18001 NORTH BAY RD, SUNNY ISLES FL 33160-2762, US

3. Date Incorporated or Qualified: 12/10/1979
3a. Date of Last Report: 07/13/1995
4. FEI Number: 59-2270630
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
POLIAKOFF, GARY A
6520 N. ANDREWS AVE.
FT. LAUDERDALE FL 33310-6057

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAYA, DAVID	
STREET ADDRESS	18001 N BAY RD #406	
CITY-ST-ZIP	SUNNY ISLES FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	PELLETIER, MICHEL	
STREET ADDRESS	18001 N BAY RD #208	
CITY-ST-ZIP	SUNNY ISLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESPERANZA, SOSA	
STREET ADDRESS	18001 N BAY RD 302	
CITY-ST-ZIP	SUNNY ISLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AYMARA R. SCHMIDT	
1.3 STREET ADDRESS	18001 N BAY RD #206	
1.4 CITY-ST-ZIP	SUNNY ISLES FL	
2.1 TITLE	TSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAMUEL COHEN	
2.3 STREET ADDRESS	18001 N BAY RD #401	
2.4 CITY-ST-ZIP	SUNNY ISLES FL	
3.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Aymara Schmidt* **AYMARA SCHMIDT** 4/27/96 (305) 641 1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)