


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 750116	
1. Entity Name THE ATRIUM GARDENS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 18001 NORTH BAY RD SUNNY ISLES, FL 33160 US	Mailing Address 18001 NORTH BAY RD SUNNY ISLES, FL 33160 US
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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 89-2270630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDEROS, RALPH
 4114 NW 4TH AVE
 MIAMI, FL 33126

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, COSME 18001 NORTH BAY RD #401 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PADRON, MEDARDO 18001 NORTH BAY RD #508 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRUECO, ENCARNACION 18001 NORTH BAY RD #207 SUNNY ISLES BEACH, FL 33160
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1100000063802
 02/23/04-80176-012 61.25

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: COSME GARCIA Cosme Garcia 2-20-04 305-215-5442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #