

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)
 4. FEI Number Applied For
 89-2270630 (Not Applicable)
 5. Certificate of Status Desired \$8.75 Additional Fee Required

5. 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 _____
Signature: typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

01/25/05-80108-009 61.25

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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* 1-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #