

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750116

FILED
Jan 15, 2009
Secretary of State

Entity Name: THE ATRIUM GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18001 NORTH BAY RD
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

18001 NORTH BAY RD
SUNNY ISLES, FL 33160 US

New Mailing Address:

FEI Number: 59-2270630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ETCHEVERRY, ALFREDO L
Address: 18001 NORTH BAY RD #303
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SD () Delete
Name: BARRUECO, ENCARNACION
Address: 18001 NORTH BAY RD
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: VD () Delete
Name: SANTANDER, ARTMAO
Address: 18001 N BAY RD
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANTANDER, ARTURO M
Address: 18001 NORTH BAY RD #209
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SD (X) Change () Addition
Name: ESTRADA, JOSE
Address: 18001 NORTH BAY RD#208
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: VD (X) Change () Addition
Name: ETCHEVERRY, ALFREDO L
Address: 18001 N BAY RD#303
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTURO M. SANTANDER

PD

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date