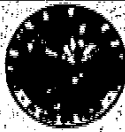


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762100 (6)

1. Corporation Name

ATRIUM CIVIC IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

5320 PINEBURY CT
ORLANDO FL 32808
US

Mailing Address

PO BOX 585895
ORLANDO FL 32858
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1982

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2315297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2281 ATRIUM CIRCLE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

ORLANDO FL

28 City & State

ORLANDO FL

24 Zip

32808

25 Country

US

29 Zip

32808

30 Country

US

9. Name and Address of Current Registered Agent

JOHNSON, JULIE
2281 ATRIUM CIRCLE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

JAMES TOLER

82 Street Address (P.O. Box Number is Not Acceptable)

2281 ATRIUM CIRCLE

83

84 City

ORLANDO

FL

85 Zip Code

32808

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

JAMES TOLER

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-95

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

JOHNSON, JULIE

STREET ADDRESS

2281 ATRIUM CIRCLE

CITY-ST-ZIP

ORLANDO FL

TITLE

SD

NAME

CLARK, CURTIS

STREET ADDRESS

5301 PINEBURY CT

CITY-ST-ZIP

ORLANDO FL

TITLE

M

NAME

SLEEPER, JEFFREY

STREET ADDRESS

2225 ATRIUM CIR

CITY-ST-ZIP

ORLANDO FL

TITLE

V

NAME

MAHONEY, JOHN

STREET ADDRESS

2225 ATRIUM CIR

CITY-ST-ZIP

ORLANDO FL

TITLE

TD

NAME

MOE, ROBERT

STREET ADDRESS

5320 PINEBURY CT

CITY-ST-ZIP

ORLANDO FL

TITLE

M

NAME

ANGERT, JO A

STREET ADDRESS

2340 ATRIUM CIR

CITY-ST-ZIP

ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

JAMES TOLER

1.3 STREET ADDRESS

2281 ATRIUM CIRCLE

1.4 CITY-ST-ZIP

ORLANDO, FL 32808

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

TD

5.2 NAME

JULIE JOHNSON

5.3 STREET ADDRESS

2281 ATRIUM CIRCLE

5.4 CITY-ST-ZIP

ORLANDO, FL 32808

6.1 TITLE

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:

JAMES TOLER

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-20-95

293-4068

Date

Daytime Phone #