FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
5320 PINEBURY CT ORLANDO FL 32808 US	PO BOX 565695 ORLANDO FL 32856 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2315297 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2281 ATRIUM CIRCLE	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO FL	28 City & State
24 Zip: 32808 25 Country: US	29 Zip 30 Country

5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, JULIE 2281 ATRIUM CIRCLE ORLANDO FL 32808	81 Name: JAMES TOLER 82 Street Address (P.O. Box Number is Not Acceptable): 2221 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 James L. Toler 4-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JOHNSON, JULIE	1.2 NAME	JAMES TOLER	
STREET ADDRESS	2281 ATRIUM CIRCLE	1.3 STREET ADDRESS	2221 ATRIUM CIRCLE	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, CURTIS	2.2 NAME		
STREET ADDRESS	5301 PINEBURY CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	M	3.1 TITLE		☐ Change ☐ Addition
NAME	SLEEPER, JEFFREY	3.2 NAME		
STREET ADDRESS	2225 ATRIUM CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, JOHN	4.2 NAME		
STREET ADDRESS	2225 ATRIUM CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	MOE, ROBERT	5.2 NAME	JULIE JOHNSON	
STREET ADDRESS	5320 PINEBURY CT	5.3 STREET ADDRESS	2281 ATRIUM CIRCLE	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	M	6.1 TITLE		☐ Change ☐ Addition
NAME	ANGBERT, JO A	6.2 NAME		
STREET ADDRESS	2340 ATRIUM CIR	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	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)(i), 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 L. Toler 4-20-95 293-4068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034011