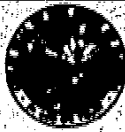


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 762100 (6)

1. Corporation Name

ATRIUM CIVIC IMPROVEMENT ASSOCIATION, INC.

APPROVED
AND
FILED

95 MAY -1 PM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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

2. Principal Place of Business

21 2281 ATRIUM CIRCLE

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 ORLANDO FL

Zip

24 32808

Country

25 US

City & State

27 Suite, Apt. #, etc.

Zip

29

Country

30

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 ANGBERT, 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 #