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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **764190** (5)
1. Corporation Name
ATRIUM-2 OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**900 NW 13TH ST. #201
BOCA RATON FL 33486
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/16/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2461767** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 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 Suite, Apt. #, etc. 26
22 City & State 27
23 Zip 28 Country 29
24 Zip 25 Country 30

9. Name and Address of Current Registered Agent

**CONAHAN, CORMAC C., ESQ.
ARVIDA FINANCIAL PLZ., STE.301
2000 GLADES RD.
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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
12. Sign: Expect or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when registering)

DATE

TITLE	PD
NAME	VENEZIA, RICHARD
STREET ADDRESS	900 NW 13TH ST, #201
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	TODD, F. J.
STREET ADDRESS	3530 PINE TREE DR.
CITY - ST - ZIP	MIAMI FL
TITLE	STD
NAME	HAWK, RONALD
STREET ADDRESS	427 HOMEWOOD BLVD
CITY - ST - ZIP	DELRAY BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/T/D
1.2 NAME	
1.3 STREET ADDRESS	154 MILANO DRIVE
1.4 CITY - ST - ZIP	ISLAMORADA FL 33036
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	V/S/D
4.2 NAME	COLLEEN A. VENEZIA
4.3 STREET ADDRESS	154 MILANO DRIVE
4.4 CITY - ST - ZIP	ISLAMORADA FL 33036
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

POSTAGE WILL BE PAID BY ADDRESSEE

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)(b), 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 of the corporation and that I am authorized 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 this report.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD VENEZIA

APRIL 4, 1995 3025-664-2086