

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762100 (6)

1. Corporation Name

ATRIUM CIVIC IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5320 PINEBURY CT
ORLANDO FL 32808
US

2281 ATRIUM CIRCLE
ORLANDO FL 32808
US

3. Date Incorporated or Qualified 02/25/1982	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2315297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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g. Name and Address of Current Registered Agent

TOLER, JAMES
2221 ATRIUM CIRCLE
ORLANDO FL 32808

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 TOLER, JAMES 221 ATRIUM CIRCLE ORLANDO FL	1.1 TITLE	SECRETARY Alma Winston 2331 ATRIUM CIR ORLANDO, FL 32808
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	SD CLARK, CURTIS 5301 PINEBURY CT ORLANDO FL	2.1 TITLE	ASST. TREASURER THAD GREEN 5302 Pinebury Ct ORLANDO, FL 32808
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	M SLEEPER, JEFFREY 2225 ATRIUM CIR ORLANDO FL	3.1 TITLE	BOARD MEMBER Euna Verly 2332 ATRIUM CIR ORLANDO, FL 32808
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V MAHONEY, JOHN 2225 ATRIUM CIR ORLANDO FL	4.1 TITLE	BOARD MEMBER Peter Knight 2229 ATRIUM CIR ORLANDO, FL 32808
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	TD JOHNSON, JULIE 2281 ATRIUM CIRCLE ORLANDO FL	5.1 TITLE	BOARD MEMBER Jose Prieto 2496 ATRIUM CIR ORLANDO, FL 32808
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	M ANGBERT, JO A 2340 ATRIUM CIR ORLANDO FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)