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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90110 042 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 717491**

1. Corporation Name

**THE ATRIUM ASSOCIATION INC.**

Principal Place of Business

800 EAST CAMINO REAL  
BOCA RATON FL 33432

Mailing Address

6300 PARK OF COMMERCE  
BOCA RATON FL 33487  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/04/1969

4. FEI Number

59-1351335

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

9. Name and Address of Current Registered Agent

**SWATT, MYRON**  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON FL 33487**

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

TITLE **VPD** ☒ DELETE  
NAME **MCGRATH**  
STREET ADDRESS **2435 N.W. 62ND ST.**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PD** ☒ DELETE  
NAME **PHILLIPS, E**  
STREET ADDRESS **800 E CAMINO REAL 102**  
CITY-ST-ZIP **BOCA RATON, FL 00000**

TITLE **TD** ☐ DELETE  
NAME **CROMPTON, D**  
STREET ADDRESS **800 E CAMINO REAL 314**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ DELETE  
NAME **SCARR, P**  
STREET ADDRESS **800 E CAMINO REAL 209**  
CITY-ST-ZIP **BOCA RATON, FL 00000 33432**

TITLE **SD** ☒ DELETE  
NAME **JOHNSON, JAN**  
STREET ADDRESS **800 E. CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ DELETE  
NAME **GUARDINO, J**  
STREET ADDRESS **800 E CAMINO REAL 308**  
CITY-ST-ZIP **BOCA RATON FL 33432**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **SAL Paradise**  
1.3 STREET ADDRESS **800 E. CAMINO REAL 302**  
1.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

2.1 TITLE **SD** ☐ Change ☒ Addition  
2.2 NAME **JANET CROMPTON**  
2.3 STREET ADDRESS **800 E. CAMINO REAL #314**  
2.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **Y.P.D** ☒ Change ☐ Addition  
4.2 NAME **Jane P. Scarr**  
4.3 STREET ADDRESS **800 E. Camino Real #209**  
4.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **P.D** ☒ Change ☐ Addition  
6.2 NAME **JOHN R. GUARDIANO**  
6.3 STREET ADDRESS **800 E. CAMINO REAL**  
6.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 995-4117

Date Daytime Phone #

CR2E037 (11/98)