

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90075 019 ****61.25

DOCUMENT # 762100

1. Entity Name
ATRIUM CIVIC IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 683166
ORLANDO, FL 32808 US**

Mailing Address
**P.O. BOX 683166
ORLANDO, FL 32808 US**

50008782



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2315297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMPAGNE, ALMA E
BILL BRYAN STATE FARM AGENCY
5470 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32821**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alma E. Campagne

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CAMPAGNE, ALMA
STREET ADDRESS 2331 ATRIUM CIRCLE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE VP ☐ Delete
NAME PEDONE, JOANNE
STREET ADDRESS 2472 ATRIUM CIRCLE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE T ☐ Delete
NAME THOMPSON, CYNTHIA
STREET ADDRESS 2491 ATRIUM CIRCLE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE SD ☐ Delete
NAME ELNESS, JANIS
STREET ADDRESS 2227 OAKBRIDGE WAY
CITY-ST-ZIP ORLANDO, FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition
NAME Rachel allen
STREET ADDRESS 2229 Oakbridge way
CITY-ST-ZIP Orlando, FL 32808

TITLE Director ☐ Change ☒ Addition
NAME Marilyn Beasley
STREET ADDRESS 2431 ATRIUM CIRCLE
CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alma E. Campagne* **ALMA E CAMPAGNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #