

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762100

Entity Name: ATRIUM CIVIC IMPROVEMENT ASSOCIATION, INC.**Current Principal Place of Business:**

C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-2315297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SIGNATURE MANAGEMENT SOLUTIONS, LLC
C/O SIGNATURE MANAGEMENT SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: INGRID BARIA

01/12/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CAMPAYNE, ALMA
Address C/O SIGNATURE MANAGEMENT
SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210

City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D
Name OGDEN, BETTY
Address C/O SIGNATURE MANAGEMENT
SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210

City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title SD
Name ALLEN, RACHEL
Address C/O SIGNATURE MANAGEMENT
SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210

City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D
Name WILLIAMS, KATINA
Address C/O SIGNATURE MANAGEMENT
SOLUTIONS, LLC
498 PALM SPRINGS DRIVE SUITE 210

City-State-Zip: ALTAMONTE SPRINGS FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALMA CAMPAYNE**BOARD PRESIDENT**

01/12/2016

Electronic Signature of Signing Officer/Director Detail

Date