

FILE NOW: FILING FEE IS \$61.25

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

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/04/1969
21 Suite, Apt. #; etc.	26 Suite, Apt. #; etc.	4. FEI Number 59-1351335
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	29	30
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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

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

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCGRATH	
STREET ADDRESS	2435 N.W. 62ND ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, E	
STREET ADDRESS	800 E CAMINO REAL 102	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CROMPTON, D	
STREET ADDRESS	800 E CAMINO REAL 314	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARR, P	
STREET ADDRESS	800 E CAMINO REAL 209	
CITY-ST-ZIP	BOCA RATON, FL 00000 33432	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JAN	
STREET ADDRESS	800 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	SAL Paradise
1.4 CITY-ST-ZIP	800 E. CAMINO REAL 302 BOCA RATON, FL 33432
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	JANET CROMPTON
2.4 CITY-ST-ZIP	800 E. CAMINO REAL #314 BOCA RATON, FL 33432
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Y.P.D
4.3 STREET ADDRESS	JANE P. SCARR
4.4 CITY-ST-ZIP	800 E. CAMINO REAL #209 BOCA RATON, FL 33432
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P.D 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE REQUIRED** 4/7/99 995-4117

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CR2E037 (11/98)