


7-30-07

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 717491 1. Entity Name THE ATRIUM ASSOCIATION INC.				07 AUG 20 01 7:40 07/30/07	
Principal Place of Business 800 E CAMINO REAL BOCA RATON, FL 33432		Mailing Address C/O THE APOGEE COMP. 3800 S CONGRESS AVE STE D BOYNTON BEACH, FL 33426			
2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd		3. Mailing Address 11784 W. Sample Rd			
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103			
City & State Coral Springs, FL		City & State Coral Springs, FL		4. FEI Number 59-1351335	
Zip 33065		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHINEHART, MAURICE O C/O THE APOGEE COMPANIES SUITE D BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent United Community Mgt. Corp. Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd #103 Coral Springs FL 33065	
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 Rene Kattar VP Finance United Comm Mgmt 8/7/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME RHINEHARDT, MAURICE O STREET ADDRESS 800 E CAMINO REAL, # 109 CITY - ST - ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE SD NAME OAKIE STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GREENE, LYNN STREET ADDRESS 800 E CAMINO REAL, # 111 CITY - ST - ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE VPD NAME Evelyn STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME RHINEHARDT, MAURICE O STREET ADDRESS 800 E CAMINO REAL CITY - ST - ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Scarr, Jane P. STREET ADDRESS 800 E Camino Real #209 CITY - ST - ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MCGRATH, EDWARD STREET ADDRESS 800 E CAMINO REAL CITY - ST - ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE TD NAME Edward McGrath Trustee STREET ADDRESS 2435 N.W. 62 Street CITY - ST - ZIP BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WINKLEY, DAVID STREET ADDRESS 800 E CAMINO REAL CITY - ST - ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME 300108836243 STREET ADDRESS 08/30/07--01039--004 461.25 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SHYAO, ROBERT STREET ADDRESS 800 E CAMONO REAL CITY - ST - ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME Sayad, STREET ADDRESS 800 E. Camino Real CITY - ST - ZIP #206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jane P. Scarr Jane P. Scarr 7 Aug 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

7/8/07