FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:47
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 741429 (5)

1. Corporation Name
THE ATRIUM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2929 GULF DRIVE P O BOX 775 SANIBEL ISLAND FL 33957	2929 GULF DRIVE P O BOX 775 SANIBEL ISLAND FL 33957

2. Principal Place of Business: 2929 West Gulf Drive
Suite, Apt #, etc:
City & State: Sanibel, FL
Zip: 33957 Country:

2a. Mailing Address: PO Box 100
Suite, Apt #, etc:
City & State: Sanibel, FL
Zip: 33957 Country: USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1843774 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMBECK, NICK
1630 PERIWINKLE WAY
SANIBEL ISLAND FL 33957

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1633 Periwinkle Way
City: Sanibel FL Zip Code: 33957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 4/25/95

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	PERRIS, BARBARA
STREET ADDRESS	BERKSHIRE ROAD
CITY ST ZIP	GATES MILLS OH
TITLE	VD
NAME	HALL, NATHAN
STREET ADDRESS	2929 W. GULF DR. #308
CITY ST ZIP	SANIBEL FL
TITLE	PD
NAME	CORBIN, RICHARD L
STREET ADDRESS	2929 GULF DR APT #106
CITY ST ZIP	SANIBEL FL
TITLE	D
NAME	LEACH, CLIFFORD
STREET ADDRESS	2929 W GULF #305
CITY ST ZIP	SANIBEL FL
TITLE	TD
NAME	REEVES, COLIN J
STREET ADDRESS	2929 W GULF DR APT #203
CITY ST ZIP	SANIBEL FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] Barbara Perris 4-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017398