2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90167 018 ****61.25

007120

DOCUMENT # 741429

1. Entity Name

THE ATRIUM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2929 WEST GULF DRIVE P O BOX 775 SANIBEL ISLAND FL 33957 US	P.O. BOX 100 P O BOX 775 SANIBEL ISLAND FL 33957 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Heritage Mgmt Realty, Inc.	c/o Heritage Mgmt Realty, Inc.
Suite, Apt. #, etc.: 1200 Periwinkle Way, Suite 2	Suite, Apt. #, etc.: 1200 Periwinkle Way, Suite 2
City & State: Sanibel FL	City & State: Sanibel FL
Zip: 33957 Country: USA	Zip: 33957 Country: USA

4. FEI Number: 59-1843774 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMBECK, NICK 1633 PERIWINKLE WAY SANIBEL ISLAND FL 33957	Name: Carol Pappas Street Address (P.O. Box Number is Not Acceptable): Heritage Mgmt Realty, Inc. 1200 Periwinkle Way, Suite 2 City: Sanibel FL Zip Code: 33957

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PERRIS, BARBARA BERKSHIRE ROAD GATES MILLS OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HALL, NATHAN 2929 W. GULF DR. #308 SANIBEL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORBIN, RICHARD L 2929 GULF DR APT #106 SANIBEL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Robert Hirschman 5104 Plantation Drive Indianapolis IN 46250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEACH, CLIFFORD 2929 W GULF #305 SANIBEL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REEVES, COLIN J 2929 W GULF DR APT #203 SANIBEL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Fred Gobel 4521 E Lake Harriet Parkway Minneapolis MN 55409	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Newton 2929 W Gulf Drive # 301 Sanibel FL 33957	☐ Change ☒ Addition

CR2E037 (10/00)

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: Robert Hirschman Robert Hirschman 4-9-01 317-849-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #