2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90171 039 ****61.25

DOCUMENT # 741429

1. Entity Name

THE ATRIUM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL FL 33957 US	C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL FL 33957 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
PAPPAS, CAROL HERITAGE MGMT REALTY, INC 630 PERIWINKLE WAY STE 2 SANIBEL ISLAND FL 33957	Name: Carol Pappas Street Address (P.O. Box Number is Not Acceptable): c/o Island Realty & Management PO Box 100 - 703 Tarpon Bay Road 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: Carol Pappas — Carol Pappas — 4-3-02
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	VD PERRIS, BARBARA BERKSHIRE ROAD GATES MILLS OH	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWTON, JOHN 2929 W. GULF DR. #308 SANIBEL FL 33957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HIRSCHMAN, ROBERT 5104 PLANTATION DRIVE INDIANAPOLIS IN 46250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEACH, CLIFFORD 2929 W GULF #305 SANIBEL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOBEL, FRED 4521 E LAKE HARRIET PARKWAY MINNEAPOLIS MN 55409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Henry Franckowiak 201 Hillcrest Drive East Aurora, NY 14052 ☐ Change ☒ Addition

CR2E037 (9/01)

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 3-28-02 317-849-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #