2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

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

04122004 No Chg-NP CR2E037 (10/03)

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

PAPPAS, CAROL
C/O ISLAND REALTY & MANAGEMENT
PO BOX 100-703 TARPON BAY ROAD
SANIBEL ISLAND, FL 33957

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000124675
04/22/04-80053-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	NEWTON, JOHN
STREET ADDRESS	2929 W GULF DR #301
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	PD
NAME	HIRSCHMAN, ROBERT
STREET ADDRESS	5104 PLANTATION DRIVE
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	TD
NAME	LEACH, CLIFFORD
STREET ADDRESS	2929 W GULF #305
CITY-ST-ZIP	SANIBEL, FL
TITLE	SD
NAME	GOBEL, FRED
STREET ADDRESS	4521 E LAKE HARRIET PARKWAY
CITY-ST-ZIP	MINNEAPOLIS, MN 55409
TITLE	D
NAME	FRONCKWIAK, HENRY
STREET ADDRESS	201 HILLCREST DR
CITY-ST-ZIP	EAST AURORA, NY 14052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John Newton VP John Newton 4-15-04 239-395-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #