


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90176 041 ****61.25

DOCUMENT # 741429

1. Entity Name
 THE ATRIUM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 C/O ISLAND MANAGEMENT GROUP
 P.O. BOX 100
 SANIBEL, FL 33957 US

Mailing Address
 C/O ISLAND MANAGEMENT GROUP
 P.O. BOX 100
 SANIBEL, FL 33957 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

40080410



01082007 Chg-NP CR2E037 (12/06)

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

MACKESY, STEVEN J
 C/O ISLAND MANAGEMENT GROUP
 PO BOX 100-711 TARPON BAY ROAD
 SANIBEL, FL 33957

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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 VD Delete
 NAME NEWTON, JOHN
 STREET ADDRESS 2929 W GULF DR #301
 CITY-ST-ZIP SANIBEL, FL 33957

TITLE PD Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME HIRSCHMAN, ROBERT
 STREET ADDRESS 5104 PLANTATION DRIVE
 CITY-ST-ZIP INDIANAPOLIS, IN 46250

TITLE VD Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME LEACH, CLIFFORD
 STREET ADDRESS 2929 W GULF #305
 CITY-ST-ZIP SANIBEL, FL

TITLE D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME GOBEL, FRED
 STREET ADDRESS 4521 E LAKE HARRIET PARKWAY
 CITY-ST-ZIP MINNEAPOLIS, MN 55409

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME FASTER, WALTER
 STREET ADDRESS 4717 MAPLE HILL DR
 CITY-ST-ZIP EXCELSIOR, MN 55331

TITLE TD Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Robert Hirschman Robert Hirschman 1-16-07 239-472-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #