2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 744052

Entity Name: THE ATLANTIS ATRIUMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12 ATRIUM CIRCLE
ATLANTIS, FL 334621102 US

New Principal Place of Business:

Current Mailing Address:

12 ATRIUM CIRCLE
ATLANTIS, FL 334621102 US

New Mailing Address:

FEI Number: 59-1999685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
REFLECTIONS BUILDING
450 AUSTRALIAN AVENUE, 7TH FLOOR
WEST PALM BEACH, FL 334015034 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LARKIN, DANIEL	
Address:	2A ATRIUM CIR	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	S	( ) Delete
Name:	KINTZ, JULIE	
Address:	1D ATRIUM CIR	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	D	( ) Delete
Name:	MURRIELLO, SHARI	
Address:	8D ATRIUM CIRCLE	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	D	( ) Delete
Name:	MARTINDALE, WALES	
Address:	6B ATRIUM CIR.	
City-St-Zip:	ATLANTIS, FL 33462	
Title:	D	( ) Delete
Name:	WILCOXON, CARENE	
Address:	205 WALTON HEATH DRIVE	
City-St-Zip:	LAKE WORTH, FL 33462	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RUTTER, NEILA	
Address:	7A ATRIUM CIRCLE	
City-St-Zip:	ATLANTIS, FL 33462	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALES MARTINDALE VP 04/21/2009
Electronic Signature of Signing Officer or Director — Date