

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90189 049 ****61.25

DOCUMENT # 751388 1. Entity Name THE ALIKI ATRIUM MANAGEMENT CORPORATION					
Principal Place of Business 901 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176			Mailing Address 901 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2088286	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applies For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DERANEY, CHRISTOPHER 901 SOUTH ATLANTIC AVENUE PH 8 ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and director if applicable					
Filing Fee is \$61.25 Due by May 1, 2005		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			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS ADAMS, NAN 901 S ATLANTIC AVE #205 ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Action	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV TURNER, Cissy 901 S ATLANTIC AVE #201 ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☒ Change ☐ Action	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP DERANEY, CHRISTOPHER 901 S ATLANTIC AVE #PH8 ORMOND BEACH, FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT ☒ Change ☐ Action	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV POPE, LOUIS 901 S ATLANTIC AVE #204 ORMOND BEACH, FL 32176	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV Jones, Barbara 901 S. Atlantic Ave, #101 Ormond Beach, FL 32176 ☐ Change ☒ Action	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GEORGE, CURTIS 901 S ATLANTIC AVE #203 ORMOND BEACH, FL 32176	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Conner, Ruby 901 S. Atlantic Ave, #208 Ormond Beach, FL 32176 ☐ Change ☒ Action	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP Hill, R.C. II 901 S. Atlantic Ave, PH6 Ormond Beach, FL 32176 ☐ Change ☒ Action	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(c), 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: <i>Christopher Deraney</i> / Christopher Deraney 4/26/05 386-672-0808 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					