

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751388

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE ALIKI ATRIUM MANAGEMENT CORPORATION

Current Principal Place of Business:

901 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

901 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2088286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERANEY, CHRISTOPHER
901 SOUTH ATLANTIC AVENUE
PH 8
ORMOND BEACH, FL 32176 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: DS () Delete
Name: ADAMS, NAN
Address: 901 S ATLANTIC AVE #205
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: TURNER, CISSY
Address: 901 S ATLANTIC AVE #201
City-St-Zip: ORMOND BEACH, FL 32176

Title: DT () Delete
Name: DERANEY, CHRISTOPHER
Address: 901 S ATLANTIC AVE #PH8
City-St-Zip: ORMOND BEACH, FL 32176

Title: DV () Delete
Name: JONES, BARBARA
Address: 901 S. ATLANTIC AVE #101
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: CONNER, RUBY
Address: 901 S. ATLANTIC AVE #208
City-St-Zip: ORMOND BEACH, FL 32176

Title: DP () Delete
Name: HILL, R.C. II
Address: 901 S. ATLANTIC AVE PH6
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADAMS, NAN
Address: 901 S ATLANTIC AVE #205
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: CONNER, RUBY
Address: 901 S. ATLANTIC AVE #208
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER DERANEY

DP

04/30/2006

Electronic Signature of Signing Officer or Director

Date