

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90050 024 ****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**

40072553



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2088286

Applied For
Not Applicab

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWANGER, SAM
901 SOUTH ATLANTIC AVENUE
#202
ORMOND BEACH, FL 32176**

7. Name and Address of New Registered Agent

Name **Barbara Jones Vice Pres.**

Street Address (P.O. Box Number is Not Acceptable)
1302 Bellaire Circle

City **Orlando**

FL

Zip Code
32804

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

Barbara Jones, Vice Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **D** ☐ Delete
NAME **ADAMS, NAN**
STREET ADDRESS **901 S ATLANTIC AVE #205**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **DT** ☐ Delete
NAME **TURNER, CISSY**
STREET ADDRESS **901 S ATLANTIC AVE #201**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **D** ☒ Delete
NAME **POPE, LOUIS**
STREET ADDRESS **901 SOUTH ATLANTIC AVENUE #204**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **DV** ☐ Delete
NAME **JONES, BARBARA**
STREET ADDRESS **901 S. ATLANTIC AVE #101**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **D** ☐ Delete
NAME **GRAZIANO, ALEDA**
STREET ADDRESS **901 SOUTH ATLANTIC AVENUE #106**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **DP** ☒ Delete
NAME **SWANGER, SAM**
STREET ADDRESS **901 SOUTH ATLANTIC AVENUE #109**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☐ Change ☒ Addit
NAME **Ron Bennett**
STREET ADDRESS **2 N. Main St.**
CITY-ST-ZIP **Holland, N.Y. 14080**

TITLE **D/S** ☐ Change ☒ Addit
NAME **Robin Robinson**
STREET ADDRESS **901 S. Atlantic Ave. #207**
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **D** ☐ Change ☒ Addit
NAME **Lillian Zima**
STREET ADDRESS **901 S. Atlantic Ave. #107**
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
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 **Barbara Jones** **Barbara Jones** **4/15/08** **407422356**