

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751388

FILED  
Mar 30, 2009  
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:**

901 SOUTH ATLANTIC AVENUE  
ORMOND BEACH, FL 32176 US

**Current Mailing Address:**

901 SOUTH ATLANTIC AVENUE  
ORMOND BEACH, FL 32176

**New Mailing Address:**

901 SOUTH ATLANTIC AVENUE  
ORMOND BEACH, FL 32176 US

**FEI Number:** 59-2088286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, BARBARA VICE PRES  
1302 BELLAIRE CIRCLE  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

BENNETT, RON PRES.  
901 S. ATLANTIC AVE.  
# 102  
ORMOND BEACH,, FL 32176 US

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: RON BENNETT

03/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: DP ( ) Delete  
Name: BENNETT, RON  
Address: 2 N MAIN ST  
City-St-Zip: HOLLAND, NY 14080

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

Title: D ( ) Delete  
Name: GRAZIANO, ALEDA  
Address: 901 SOUTH ATLANTIC AVENUE #106  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D (X) Delete  
Name: ROBINSON, ROBIN  
Address: 901 S ATLANTIC AVE # 207  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BENNETT, RON PRES.  
Address: 2 N. MAIN STREET  
City-St-Zip: HOLLAND, NY 14080 US

Title: TREA (X) Change ( ) Addition  
Name: TURNER, CICILY V TREAS.  
Address: 901 S ATLANTIC AVE #201  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: SEC. (X) Change ( ) Addition  
Name: ROBINSON, ROBIN SEC.  
Address: 901 S. ATLANTIC AVE. #207  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: DV (X) Change ( ) Addition  
Name: JONES, BARBARA V-PRES.  
Address: 901 S. ATLANTIC AVE #101  
City-St-Zip: ORMOND BEACH, FL 32176 US

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: CICILY V. TURNER

TREA

03/30/2009

Electronic Signature of Signing Officer or Director

Date