

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751388

FILED
Jan 20, 2010
Secretary of State

Entity Name: THE ALIKI ATRIUM MANAGEMENT CORPORATION

Current Principal Place of Business:

901 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

901 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176 US

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:

BENNETT, RON PRES.
901 S. ATLANTIC AVE.
102
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: PRES
Name: BENNETT, RON PRES.
Address: 2 N. MAIN STREET
City-St-Zip: HOLLAND, NY 14080 US

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

Title: SEC.
Name: JONES, BARBARA SEC.
Address: 901 S. ATLANTIC AVE. #101
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: D
Name: NAN, HUBNER
Address: 901 S. ATLANTIC AVE #205
City-St-Zip: ORMOND BEACH, FL 32176 US

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

Title: D
Name: R. C., HILL
Address: 901 SOUTH ATLANTIC AVENUE #PH 4
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby 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 all other like empowered.

SIGNATURE: CICILY V. TURNER

TREA

01/20/2010

Electronic Signature of Signing Officer or Director

Date