

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751388

**FILED**  
**Jan 26, 2011**  
**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

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date