

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90151 036 ****61.25

DOCUMENT # 762100

1. Entity Name

ATRIUM CIVIC IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 683166
ORLANDO, FL 32808 US

Mailing Address

P.O. BOX 683166
ORLANDO, FL 32808 US



04292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2315297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPAGNE, ALMA E
BILL BRYAN STATE FARM AGENCY
5470 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32821

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPAYNE, ALMA 2331 ATRIUM CIRCLE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMPSON, CYNTHIA 2491 ATRIUM CIRCLE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALLEN, RACHEL 2224 OAKBRIDGE WAY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEASLEY, MARILYN 2431 ATRIUM CIRCLE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:

Alma Campagne ALMA CAMPAGNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

407-239-8256

Daytime Phone #