


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90110 045 \*\*\*\*61.25

<b>DOCUMENT # N00000007655</b> 1. Entity Name <b>THE ATRIUM ON THE OCEAN II CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3000 NORTH A1A NORTH HUTCHINSON ISLAND, FL 34949</b>		Mailing Address <b>P.O. BOX 65 JENSEN BEACH, FL 34958</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1111 SE Federal Hwy Suite 100 Stuart, FL 34994</b>	
City & State 		City & State 	
Zip 		Zip 	
Country 		Country 	
4. FEI Number <b>81-0549414</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>ROSS, DEBORAH 759 S. FEDERAL HWY. STE 212 STUART, FL 34994</b>		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, DAVE 3000 N. A1A #6-D N. HUTCHINSON ISLAND, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARTLINE, ALAN 3000 N. A1A # 3-B North Hutchinson Island, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAMILTON, WILLIAM 3000 N. A1A #5-A NORTH HUTCHINSON ISLAND, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, KELA 3000 N. A1A #4-B NORTH HUTCHINSON ISLAND, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STA Campbell, Ronald 3000 N. A1A # 4-B North Hutchinson Island, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAZY, RAYMOND 3000 N. A1A #6-A NORTH HUTCHINSON, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DAVID 3000 N. A1A # 8-C North Hutchinson Island, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYBURG, WILLARD 3000 N. A1A #4-A NORTH HUTCHINSON, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R KNAUER, ARTHUR 3000 N. A1A # 6-C North Hutchinson Island, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> <u>William T. Hamilton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/10/05</u> Daytime Phone # <u>772-467-0437</u>	

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