

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90008 002 \*\*\*\*61.25

**DOCUMENT # N00000007655**

1. Entity Name  
**THE ATRIUM ON THE OCEAN II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3000 NORTH A1A  
NORTH HUTCHINSON ISLAND, FL 34949**

Mailing Address  
**1111 SE FEDERAL HWY  
STE 100  
STUART, FL 34994**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



02212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**81-0549414**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROSS, DEBORAH  
759 S. FEDERAL HWY. STE 212  
STUART, FL 34994**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARTLINE, ALAN 3000 N A1A #3-B N. HUTCHINSON ISLAND, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, WILLIAM 3000 N. A1A #5-A NORTH HUTCHINSON ISLAND, FL 34949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>OESTEREICH, Gene</b> 3000 N. A1A #10-D N. HUTCHINSON ISLAND, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMPBELL, RONALD 3000 N. A1A #4-B NORTH HUTCHINSON ISLAND, FL 34949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <b>HAGER, LEE</b> 3000 N. A1A #8A N. HUTCHINSON ISLAND, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DAVID 3000 N A1A #8-C NORTH HUTCHINSON, FL 34949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>MC KEEMAN, Robert</b> 3000 N. A1A #2-A N. HUTCHINSON ISLAND, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNALLER, ARTHUR 3000 N A1A #6-C NORTH HUTCHINSON, FL 34949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GIGANTE, John</b> 3000 N. A1A #3-B N. HUTCHINSON ISLAND, FL 34949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Henry Cesterreich* **Henry Cesterreich** **Pres 3/13/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #