


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 037 ****61.25

DOCUMENT # N00000007655	
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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40043000



01162008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSS, DEBORAH 759 S. FEDERAL HWY. STE 212 STUART, FL 34994		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, 2008**

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLINE, ALAN	NAME	
STREET ADDRESS	3000 N A1A #3-B	STREET ADDRESS	
CITY-ST-ZIP	N. HUTCHINSON ISLAND, FL 34949	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OESTEREICH, GENE	NAME	
STREET ADDRESS	3000 NORTH A1A #10-D	STREET ADDRESS	
CITY-ST-ZIP	NORTH HUTCHINSON, FL 34949	CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, LEE	NAME	
STREET ADDRESS	3000 NORTH A1A 8A	STREET ADDRESS	
CITY-ST-ZIP	NORTH HUTCHINSON ISLAND, FL 34949	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEEMAN, ROBERT	NAME	
STREET ADDRESS	3000 NORTH A1A 2A	STREET ADDRESS	
CITY-ST-ZIP	NORTH HUTCHINSON, FL 34949	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D. Gigante, John
STREET ADDRESS		STREET ADDRESS	3000 N. A1A #3-B
CITY-ST-ZIP		CITY-ST-ZIP	FT. PIERCE, FL 34949
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/08