
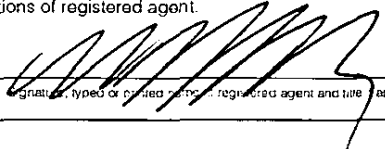


**2007-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

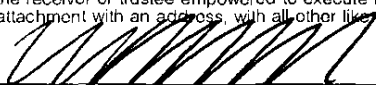
04-09-2007 90040 032 \*\*\*\*70.00

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # N04000007656</b>  |  |   |  |
| 1. Entity Name<br><b>THE ATRIUM OFFICE CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |  |
| Principal Place of Business<br>631 U.S. HWY ONE<br>UNIT 309<br>NORTH PALM BEACH FL 33408  |  | Mailing Address<br>631 U.S. HWY ONE<br>UNIT 309<br>NORTH PALM BEACH FL 33408   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |
| City & State  |  | City & State   |  |
| Zip   |  | Country  |  |
| Country   |  | Country  |  |
| 4. FEI Number<br><b>20-1643682</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>MACKEY, WALTER<br/>631 U.S. HWY ONE<br/>SUITE 406<br/>NORTH PALM BEACH FL 33408</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Walter J. Mackey</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>631 U.S. Highway One, Suite 407</b><br>City<br><b>North Palm Beach, FL</b> Zip Code<br><b>33408</b> |  |
| 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   |  | Walter J. Mackey President <b>MARCH 26, 2007</b>   |  |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2007  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>HAYDEN, RICHARD A<br>631 U.S. HWY ONE UNIT 401<br>NORTH PALM BEACH FL 33408 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>Mackey, Walter J.<br>631 U.S. HWY One Unit 406<br>North Palm Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>GRAHAM, WILLIAM S<br>631 U.S. HWY ONE UNIT 401<br>NORTH PALM BEACH FL 33408 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>Harris, Patricia<br>631 U.S. Hwy One Suite 308<br>North Palm Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | STD<br>SHEN, JONATHAN<br>631 U.S. HWY ONE UNIT 401<br>NORTH PALM BEACH FL 33408 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>Edwards, Michael<br>631 U.S. HWY One Unit 307<br>North Palm Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>Kennerly, Kenneth<br>631 U. S. Hwy One Unit 410<br>North Palm Beach, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>Rainforth, Margaret<br>631 U.S. HWY One Unit 202<br>North Palm Beach, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Walter J. Mackey **MARCH 26, 2007**

561-848-8760