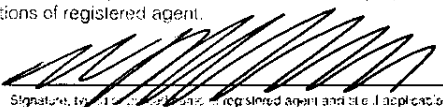


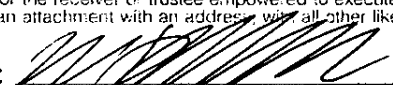
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90029 030 ****61.25

DOCUMENT # N04000007656 1. Entity Name THE ATRIUM OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 631 U.S. HWY ONE UNIT 309 NORTH PALM BEACH FL 33408		Mailing Address 631 U.S. HWY ONE UNIT 309 NORTH PALM BEACH FL 33408			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1643682 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MACKEY, WALTER 631 U.S. HWY ONE SUITE 407 NORTH PALM BEACH FL 33408			
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, to be filled in by the registered agent and filed applicable.		WALTER MACKEY, PRESIDENT (NOTE: Registered Agent signature required when reappointing)		4-17-08 DATE	
FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MACKEY, WALTER J 631 U.S. HWY ONE UNIT 406 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, PATRICIA 631 U.S. HWY ONE SUITE 308 NORTH PALM BEACH FL 33408 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAHAM, WILLIAM S. 631 U.S. HIGHWAY ONE SUITE 309 NORTH PALM BEACH, FL 33408 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, MICHAEL 631 U.S. HWY ONE UNIT 307 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNERLY, KENNETH 631 U.S. HWY ONE UNIT 410 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINFORTH, MARGARET 631 U.S. HWY ONE UNIT 202 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

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 MACKEY PRESIDENT 4-17-08 561-848-4620**