2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# N05000008713

Entity Name: ATRIA IN PEMBROKE PINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18503 BLVD
SUITE 211
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

18503 PINES BLVD
211
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 20-3406052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JEFFREY B
KELLEY, HERMAN & SMITH
1401 E. BROWARD BLVD., SUITE 206
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SOKOLOW, MARK	
Address:	18503 PINES BLVD SUITE 210	
City-St-Zip:	PEMBROKE PINES, FL 33029 US	
Title:	D	( ) Delete
Name:	MEDINA, PETER	
Address:	18503 PINES BLVD, SUITE 211	
City-St-Zip:	PEMBROKE PINES, FL 33029 US	
Title:	VP	( ) Delete
Name:	FERNANDEZ, JORGE	
Address:	18501 PINES BLVD SUITE 201	
City-St-Zip:	PEMBROKE PINES, FL 33029 US	
Title:	T	( ) Delete
Name:	NOWOGRODZKI, MARIO	
Address:	18501 PINES BLVD SUITE 204	
City-St-Zip:	PEMBROKE PINES, FL 33029 US	
Title:	S	( ) Delete
Name:	PINEDA, JOSEPHINE	
Address:	18503 PINES BLVD SUITE 309	
City-St-Zip:	PEMBROKE PINES, FL 33029 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MEDINA D 03/24/2008

Electronic Signature of Signing Officer or Director — Date