

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008713

FILED  
Apr 13, 2009  
Secretary of State

**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:**

18503 BLVD  
SUITE 211  
PEMBROKE PINES, FL 33029 US

**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: MEDINA, PETER

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date