

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90001 035 ****61.25

DOCUMENT # N96000003538 1. Entity Name THE ATRIUM ON THE OCEAN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2900 NORTH A1A FORT PIERCE, FL 34949			Mailing Address 1111 SE FEDERAL HWY, STE 100 STUART, FL 34994		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2900 North A1A Suite, Apt. #, etc. Managers Box City & State Fort Pierce, FL Zip Country 34949 U.S.			
4. FEI Number 65-0680496				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08082006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent ADVANTAGE PROPERTY MANAGEMENT 111 SE FEDERAL HWY, STE 100 STUART, FL 34994			7. Name and Address of New Registered Agent Name Janice Espil Street Address (P.O. Box Number is Not Acceptable) 2900 North A1A, #2A City Fort Pierce FL Zip Code 34949		
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 <i>Janice Espil (Vice President)</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 8/18/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D CAMILLERU, MICHAEL 2900 N A1A #78 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anstine, Dale 2900 North A1A, # PHVA Fort Pierce, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABELE, FRED 2900 N. A1A FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Abale, Fred 2900 North A1A, # 6A Fort Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUREIRO, JULIO 2900 NORTH A1A #9D FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Espil, Janice 2900 North A1A, #2A Fort Pierce, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZSIMMONS, JIM 2900 NORTH HWY, APT P.H.V.D FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fitzsimmons, Jim 2900 North A1A, # PHVD Fort Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANEER, BOYD 2900 N A1A UNIT 9-C FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dittman, Thomas 2900 North A1A, # 7D Fort Pierce, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Janice Espil</i> Janice Espil 8/17/06 772-466-2141 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					