

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90099 016 ****61.25

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|--|--|---|---|--|--|
| 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 2900 NORTH A1A MANAGERS BOX FORT PIERCE, FL 34949 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0680496 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ESPIE, JANICE 2900 NORTH A1A SUITE 2A FORT PIERCE, FL 34949 | | | | 7. Name and Address of New Registered Agent Name Jim Fitzsimmons Street Address (P.O. Box Number is Not Acceptable) 2900 North A1A, # PHVD 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 Jim Fitzsimmons/President 5/10/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 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 ANSTINE, DALE <input type="checkbox"/> Delete 2900 NORTH A1A # PHVA FORT PIERCE, FL 34949 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Anstine, Dale 2900 North A1A, # PHVA Fort Pierce, FL 34949 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Delete ABELE, FRED 2900 NORTH A1A SUITE 6A FORT PIERCE, FL 34949 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Clark, Ronald 2900 North A1A, #2D Fort Pierce, FL 34949 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> Delete ESPIE, JANICE 2900 NORTH A1A SUITE 2A FORT PIERCE, FL 34949 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Espie, Janice 2900 North A1A, #2A Fort Pierce, FL 34949 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Delete FITZSIMMONS, JIM 2900 NORTH A1A # PHVD FORT PIERCE, FL 34949 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fitzsimmons, Jim 2900 North A1A, # PHVD Fort Pierce, FL 34949 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input type="checkbox"/> Delete DITTMAN, THOMAS 2900 NORTH A1A SUITE 7D FORT PIERCE, FL 34949 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dittman, Thomas 2900 North A1A, # 7D Fort Pierce, FL 34949 | |
| 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: Jim Fitzsimmons 5/10/07 772-468-9777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |