2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N96000003538

Entity Name: THE ATRIUM ON THE OCEAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2900 NORTH A1A
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

2900 NORTH A1A
MANAGERS BOX
FORT PIERCE, FL 34949

New Mailing Address:

FEI Number: 65-0680496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZSIMMONS, JIM
2900 NORTH A1A
PHVD
FORT PIERCE, FL 34949 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: VD ( ) Delete
Name: ANSTINE, DALE
Address: 2900 NORTH A1A # PHVA
City-St-Zip: FORT PIERCE, FL 34949

Title: TD ( ) Delete
Name: CLARK, RONALD
Address: 2900 N. A1A #2D
City-St-Zip: FORT PIERCE, FL 34949

Title: SD ( ) Delete
Name: ESPIE, JANICE
Address: 2900 NORTH A1A SUITE 2A
City-St-Zip: FORT PIERCE, FL 34949

Title: PD ( ) Delete
Name: FITZSIMMONS, JIM
Address: 2900 NORTH A1A # PHVD
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: DITTMAN, THOMAS
Address: 2900 NORTH A1A SUITE 7D
City-St-Zip: FORT PIERCE, FL 34949

Title: SD (X) Delete
Name: PIERSANTI, ALBERT
Address: 2900 B A1A 5A
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: ANSTINE, DALE
Address: 2900 NORTH A1A # PHVA
City-St-Zip: FORT PIERCE, FL 34949

Title: VD (X) Change ( ) Addition
Name: GERBER, MARK
Address: 2900 N. A1A #10A
City-St-Zip: FORT PIERCE, FL 34949

Title: SD (X) Change ( ) Addition
Name: PIERSANTI, ALBERT
Address: 2900 NORTH A1A #5A
City-St-Zip: FORT PIERCE, FL 34949

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

Title: D (X) Change ( ) Addition
Name: ROSS, JANE
Address: 2900 NORTH A1A #5D
City-St-Zip: FORT PIERCE, FL 34949

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: JIM FITZSIMMONS PD 02/16/2009

Electronic Signature of Signing Officer or Director — Date