

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90119 045 \*\*\*150.00

<b>DOCUMENT # P05000167158</b>																																																																																																																																			
<b>1. Entity Name</b> ATRIUM COMMUNITY ASSOCIATION MANAGEMENT, INC.																																																																																																																																			
<b>Principal Place of Business</b> 504 N INDIANA AVENUE ENGLEWOOD, FL 34223 US			<b>Mailing Address</b> C/O MERCIER & CARTLAND, PA 508 N INDIANA AVENUE ENGLEWOOD, FL 34223 US																																																																																																																																
<b>2. Principal Place of Business</b> 508 N. Indiana Ave		<b>3. Mailing Address</b>																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
<b>City &amp; State</b> Englewood FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-3999749																																																																																																																															
<b>Zip</b> 34223		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>  CARTLAND, JULIA E 508 N INDIANA AVENUE ENGLEWOOD, FL 34223			<b>7. Name and Address of New Registered Agent</b>																																																																																																																																
Name			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																
City			Zip Code																																																																																																																																
<b>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.</b>  SIGNATURE: <u>Julia Cartland</u> <span style="float: right;">3-15-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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 607, 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.</b>																																																																																																																																			
<b>SIGNATURE:</b> <u>Julia Cartland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-15-06      941-475-1246 <small>Date      Daytime Phone #</small>																																																																																																																															