

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000167158**

1. Entity Name  
**ATRIUM COMMUNITY ASSOCIATION MANAGEMENT, INC.**



Principal Place of Business  
**508 N INDIANA AVENUE**  
**ENGLEWOOD, FL 34223 US**

Mailing Address  
**C/O MERCIER & CARTLAND, PA**  
**508 N INDIANA AVENUE**  
**ENGLEWOOD, FL 34223 US**

**DO NOT WRITE IN THIS SPACE**



02112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3999749**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**CARTLAND, JULIA E**  
**508 N INDIANA AVENUE**  
**ENGLEWOOD, FL 34223**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>CARTLAND, BRIAN C<br>312 LAKE TAHOE COURT<br>ENGLEWOOD, FL 34223  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>CARTLAND, JULIA E<br>312 LAKE TAHOE COURT<br>ENGLEWOOD, FL 34223 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 02/22/07-80023-014 150.00

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.

SIGNATURE: Julia Cartland **2-10-07** 941-475-1246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #