FILED Mar 24, 2008 8:00 am Secretary of State

2008 FOR PROFIT CORPORATIO	ľ
 ANNUAL REPORT	
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1. Entity Name THE AMB	MENT #355519 ASSADOR HOTEL COOPERENTS CORP.				03-24-200	08 90074 03	39 ***1:	50.00					
Principal Place of Business Mailing Address													
COOPERATIVE APARTMENTS CORP 2730 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480		COOPERATIVE APARTMENTS CORP 2730 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480			1 400 100 4170	EUEL EUEL EUEL EUE	50001 111111111111111111111111111111111						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142008	Chg-P	CR2E034						
City & State		City & State		4. FEI Numbe 59-1278			No	plied For Applicable					
Zip	Country	Zip	Country			of Status Desired	□ Fe	3.75 Add e Required					
	6. Name and Address of Current Re	gistered Agent	Na	ame	/, Name and	Address of New	Registered Age	ent					
2730 SOU	AD, WILLIAM K TH OCEAN BOULEVARD	Str	Street Address (P.O. Box Number is Not Acceptable)										
PALM BEACH, FL 33480			_					-					
				ty FL Zip Code									
	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 Fforida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE_	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND D	RECTORS	S IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WESHAW, FREDERICK 111 BLACK ROCK ROAD STAMFORD, CT 06903	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	l.			С	_] Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKEL, EILEEN 200 E 66TH ST C 1502 NEW YORK, NY 10021	☐ Delete	TITLE NAME STREET ADD CITY-ST-Z	DRESS ZOO	JKEL E DE. 66TI LW YORK	Lech ST C15 C. MY 10	02 021	Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHORNA, JULES 2730 SOUTH OCEAN BOULEVAR PALM BEACH, FL 33480	Delete	TITLE NAME STREET ADD CITY-ST-ZI	AT	'/D''_	. ,		Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARASCH, PHYLLIS 2730 SO OCEAN BLVD PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	و موا	Asch P	hyllis DORAN	BLVD 33480	Ճ , Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINSON, KATHLEEN 2730 SO. OCEAN BLVD PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADI DITY-ST-Z		NSON 30 SOUT ALM BE	KATHLEEN h Ocean Lach F	N BLVd L. 334	Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKEL, PEGGY 2730 S OCEAN BLVD PALM BEACH, FL 33480	₩ Celete	TITLE NAME STREET ADD CITY-ST-Z	DRESS 273	o South PALM	o LAughi ocean Beach,	BLVd. FL 334	3 Change	Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 true amount of the corporation of the corpora													

of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in block to or block to inchanged, or on an attachment with an address, with all other like empowered.

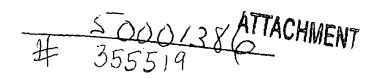
KATH LEEN LEVINSON

PRESIDENT

JIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date



Addition:

D Reilly, William J. 2730 South Ocean Blud Palm Beach, FL 33480