

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Jun 25, 2009**  
**Secretary of State**

DOCUMENT# 716399

Entity Name: ATLANTIC OCEAN CLUB CONDOMINIUM APARTMENTS, INC.

**Current Principal Place of Business:**

4020 GALT OCEAN DR  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4020 GALT OCEAN DR  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 59-1316714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOZZOLILLO, GIUSEPPEE D  
4020 GALT OCEAN DRIVE  
FT LAUDERDALE, FL 33308      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: D      ( ) Delete  
Name: SALCE, ANTHONY  
Address: 4020 GALT OCEAN DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T      ( ) Delete  
Name: CAPALDI, ANTHONY  
Address: 4020 GALT OCEAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S      ( ) Delete  
Name: LYONS, WILLIAM  
Address: 4020 GALT OCEAN DR.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP      ( ) Delete  
Name: COCKMAN, MADISON H  
Address: 4020 GALT OCEAN DR.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D      ( ) Delete  
Name: MALEBRANCHE, YOLANDE  
Address: 4020 GALT OCEAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: P      ( ) Delete  
Name: JENNINGS, EDWARD J  
Address: 4020 GALT OCEAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: P      (X) Change ( ) Addition  
Name: LAURIA, CHRISTINE M  
Address: 4020 GALT OCEAN DR  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: CHRISTINE M. LAURIA

P

06/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date