

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90338 005 ****61.25

DOCUMENT # N02000006404					
1. Entity Name ATLANTIC GROVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 398 NE 6 AVE DELRAY BCH, FL 33483			Mailing Address 398 NE 6 AVE DELRAY BCH, FL 33483		
2. Principal Place of Business 301-401 W. Atlantic Ave		3. Mailing Address 401 H229 Management INC Suite, Apt. #, etc. 2295 NW Corporate BLVD		04062005 Chg-NP CR2E037 (10/03)	
City & State Delray Beach FL		City & State Boca Raton FL Suite 138		4. FEI Number 74-3061306	
Zip Palm Beach		Zip 33431		Country Palm Beach	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GABRIEL, ALAN L ESQUIRE KATZ, BARRON, SQUITERO & FAUST, P.A. 100 NE 3 AVE STE 280 FT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name H229 Management INC / Larry Morina Street Address (P.O. Box Numbers Not Acceptable) 2295 NW Corporate BLVD Suite 138 City Boca Raton FL Zip Code 33431		
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 <u>LAWRENCE J. MORINA III</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Lawrence J. Morina III</u> (NOTE: Registered Agent signature required when re-registering)		DATE <u>4/6/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HERNANDEZ, TIMOTHY 398 NE 6 AVE DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Annette Annechild Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 W Atlantic Ave D 300 N Swinton Ave Delray Beach FL 33444		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ORTNER, GABRIELLE 398 NE 6 AVE DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rick Rubino V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1423 Estuary Trail Delray Beach FL 33483		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Daniel Jacobson Sec/Tres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1707 NE 14th St Fort Lauderdale FL 33316		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <u>Annette Annechild</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President		DATE <u>4/14/05</u> (561) 241-6285 Daytime Phone #	