2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702192

FILED Apr 03, 2008 Secretary of State

Entity Name: NASSAU SQUARE APARTMENTS INC

Current Principal Place of Business: New Principal Place of Business: 381 SOUTH LAKE DRIVE PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** PO BOX 2319 PALM BEACH, FL 33480 FEI Number: 59-0815421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EVAN, LESLIE ROBERT & ASSOC, PA GAEL BERIRO, P.A. 214 BRAZILIAN AVENUE, SUITE 200 205 WORTH AVENUE PALM BEACH, FL 33480 SUITE 310 PALM BEACH, FL 33480 US 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: GAEL BERIRO, P.A. 04/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **VPD** () Delete () Change () Addition MILLER, EDGAR, Name: Name: 381 SOUTH LAKE DRIVE #16 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: (X) Change () Addition FRIZZALL, ALBERT Name: CORBIN, ROBERT, Name: Address: 281 SOUTH LAKE DRIVE #11 Address: 281 SOUTH LAKE DRIVE #12 City-St-Zip: PLAM BEACH, FL 33480 City-St-Zip: PLAM BEACH, FL 33480 Title: () Delete Title: SD (X) Change () Addition PRICE, HENRY PRICE, HENRY Name: Name: 381 SOUTH LAKE DRIVE #7-8 Address: 381 S LAKE DR Address: City-St-Zip: PLAM BEACH, FL 33480 City-St-Zip: PLAM BEACH, FL 33480 Title: PD () Delete Title: () Change () Addition VAKOUTIS, JOHN Name: Name: Address: 381 SOUTH LAKE DRIVE #4 Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition TENHAVE, ROBERT Name: Name: 381 SOUTH LAKE DRIVE #17 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip:

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: JOHN VAKOUTIS PD 04/03/2008