

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90200 035 ****61.25

DOCUMENT # 736028 1. Entity Name THE ATLANTIS SHERBROOKE VILLAS EAST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O DAVENPORT PROF, PROP, MGMT, INC 6620 LAKE WORTH RD, SUITE E LAKE WORTH, FL 33467 US		Mailing Address C/O DAVENPORT PROF, PROP, MGMT, INC 6620 LAKE WORTH RD, SUITE E LAKE WORTH, FL 33467 US	
2. Principal Place of Business - No P.O. Box # <i>ASSOCIATED PROPERTY MGMT</i> Suite, Apt. #, etc. 1928 LAKE WORTH RD. City & State LAKE WORTH, FL Zip 33461 Country USA		3. Mailing Address <i>ASSOCIATED PROPERTY MGMT</i> Suite, Apt. #, etc. 1928 LAKE WORTH RD. City & State LAKE WORTH, FL Zip 33461 Country USA	
4. FEI Number 59-2141177		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ST. JOHN, CORE, FIORE, & LEMME P.A. 1601 FORUM PLACE SUITE 701 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name <i>ASSOCIATED PROPERTY MANAGEMENT</i> Street Address (P.O. Box Number is Not Acceptable) 1928 LAKE WORTH RD. City <i>LAKE WORTH</i> FL Zip Code <i>33461</i>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <i>Agent</i> </div> <div style="width: 20%; text-align: right;"> DATE <i>4/25/07</i> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		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 SD NAME MC GRATH, JANET STREET ADDRESS 250 JFK DR, 104 CITY-ST-ZIP ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE PD NAME GOEBELER, LAWRENCE STREET ADDRESS 250 JFK DR. #307 CITY-ST-ZIP ATLANTIS, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PIZZURO, NICK STREET ADDRESS 250 JFK DR. #PH7 CITY-ST-ZIP ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE VD NAME LEFEBVRE, ROBERT STREET ADDRESS 250 JFK DR. #408 CITY-ST-ZIP ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME DAHLGREN, SUSAN STREET ADDRESS 250 JFK DR. #201 CITY-ST-ZIP ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE D NAME DARDIERRE, NEIL STREET ADDRESS 250 JFK DR. #401 CITY-ST-ZIP ATLANTIS, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME HEIRONIMUS, ROBERT STREET ADDRESS 250 JFK DR, # 301 CITY-ST-ZIP ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE D NAME PIZZURO, NICHOLAS STREET ADDRESS 586 ASHFORD AVE. CITY-ST-ZIP ARDSLEY, NY 10507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LEFEBVRE, BOB STREET ADDRESS 250 JFK DR #408 CITY-ST-ZIP ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE D NAME DORN, RICHARD STREET ADDRESS 250 JFK DR. #303 CITY-ST-ZIP ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Delete
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date <i>4/24/07</i>		Daytime Phone #	