


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90042 027 \*\*\*\*61.25

<b>DOCUMENT # 736028</b>	
1. Entity Name <b>THE ATLANTIS SHERBROOKE VILLAS EAST CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>ASSOCIATED PROPERTY MANAGEMENT 1428 LAKE WORTH RD LAKE WORTH, FL 33461 US</b>	Mailing Address <b>ASSOCIATED PROPERTY MANAGEMENT 1428 LAKE WORTH RD LAKE WORTH, FL 33461 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	Country	Country
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**60025180**



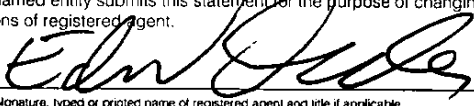
03262008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2141177</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461</b>	7. Name and Address of New Registered Agent Name <b>EDWARD DICKER, ESQUIRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1818 Australian Ave. South</b> Suite <b>400</b> City <b>West Palm Beach</b> FL Zip Code <b>33409</b>
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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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MC GRATH, JANET 250 JFK DR. 104 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEIRONIMUS, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 JFK DR. #301 ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZURO, NICK <input checked="" type="checkbox"/> Delete 250 JFK DR. #PH7 ATLANTIS, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBIERRE, NEIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 250 JFK DR. #401 ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOEBELER, LAWRENCE <input checked="" type="checkbox"/> Delete 250 JFK DR. #307 ATLANTIS, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEIRONIMUS, ROBERT <input checked="" type="checkbox"/> Delete 250 JFK DR. # 301 ATLANTIS, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEFEBVRE, ROBERT <input type="checkbox"/> Delete 250 JFK DR #408 ATLANTIS, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZURO, NICHOLAS <input type="checkbox"/> Delete 586 ASHFORD AVE. ARDSLEY, NY 10502	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 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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR