

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736028

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** THE ATLANTIS SHERBROOKE VILLAS EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

NANCY HANLON ASSOCIATES INC  
6266 S CONGRESS AVE #L5  
LANTANA, FL 33462 US

**Current Mailing Address:**

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

NANCY HANLON ASSOCIATES INC  
6266 S CONGRESS AVE #L5  
LANTANA, FL 33462 US

**FEI Number:** 59-2141177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICKER, EDWARD ESQ  
1818 AUSTRALIAN AVE. SOUTH  
STE. 400  
WEST PALM BEACH, FL 33409 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: P  
Name: BARBIERRI, NEIL P  
Address: 250 JFK DR. #401  
City-St-Zip: ATLANTIS, FL 33462

Title: V  
Name: LEFEBVRE, ROBERT J V  
Address: 250 JFK DR. #408  
City-St-Zip: ATLANTIS, FL 33462

Title: S  
Name: DAHLGREN, SUSAN H  
Address: 250 JFK DR #201  
City-St-Zip: ATLANTIS, FL 33462

Title: D  
Name: PIZZURO, NICHOLAS D  
Address: 586 ASHFORD AVE.  
City-St-Zip: ARDSLEY, MI 10502

Title: D  
Name: CORSARO, NORMA D  
Address: 250 JFK DR #207  
City-St-Zip: ATLANTIS, FL 33462

Title: D  
Name: DAHLGREN, MICHAEL C  
Address: 250 JFK DR #201  
City-St-Zip: ATLANTIS, FL 33462

I hereby 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 all other like empowered.

SIGNATURE: NEIL BARBIERRI

P

04/20/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date