2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748788

FILED Jan 16, 2008 Secretary of State

Entity Name: ATLANTIC PROFESSIONAL PLAZA CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business: 5648 WEST ATLANTIC BOULEVARD 5640-5648 WEST ATLANTIC BOULEVARD MARGATE, FL 33063 MARGATE, FL 33063 **Current Mailing Address: New Mailing Address:** 5648 WEST ATLANTIC BOULEVARD 5648 WEST ATLANTIC BOULEVARD MARGATE, FL 33063 MARGATE, FL 33063 US FEI Number: 59-1962836 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: HESFORD, A. MARGARET 5648 WEST ATLANTIC BOULEVARD MARGATE, FL 33063 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RHODES, JAY HIRSCHBERG, GILBERT E P Name: Name: 5642 WEST ATLANTIC BLVD. Address: 5644 WEST ATLANTIC BOULEVARD Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 US Title: Title: (X) Change () Addition () Delete HESFORD, A. MARGARET Name: HESFORD, A. MARGARET VP Name: Address: 5648 WEST ATLANTIC BOULEVARD Address: 5648 WEST ATLANTIC BOULEVARD City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 US Title: () Delete Title: (X) Change () Addition PIRRO, SANIYE PIRRO, SANIYE T Name: Name: 5646 WEST ATLANTIC BLVD. 5646 WEST ATLANTIC BOULEVARD Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 US () Delete Title: Title: () Change (X) Addition LEON, JOSE D Name: Name: 5640 WEST ATLANTIC BOULEVARD Address: Address: City-St-Zip: City-St-Zip: MARGATE, FL 33063 US Title: () Delete Title: () Change (X) Addition RHODES, JAY G D Name: Name: 5642 WEST ATLANTIC BOULEVARD Address: Address: City-St-Zip: City-St-Zip: MARGATE, FL 33063 US

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: A. MARGARET HESFORD VP 01/16/2008