# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2009**
**Secretary of State**

DOCUMENT# 748788

**Entity Name:** ATLANTIC PROFESSIONAL PLAZA CONDOMINIUM, INC.

**Current Principal Place of Business:**

5640-5648 WEST ATLANTIC BOULEVARD
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

5648 WEST ATLANTIC BOULEVARD
MARGATE, FL 33063 US

**New Mailing Address:**

**FEI Number: 59-1962836** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HESFORD, A. MARGARET
5648 WEST ATLANTIC BOULEVARD
MARGATE, FL 33063 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 | ( ) Delete |
| Name: | HIRSCHBERG, GILBERT E P | |
| Address: | 5644 WEST ATLANTIC BOULEVARD | |
| City-St-Zip: | MARGATE, FL 33063 US | |
| Title: | VP | ( ) Delete |
| Name: | HESFORD, A. MARGARET VP | |
| Address: | 5648 WEST ATLANTIC BOULEVARD | |
| City-St-Zip: | MARGATE, FL 33063 US | |
| Title: | T | ( ) Delete |
| Name: | PIRRO, SANIYE T | |
| Address: | 5646 WEST ATLANTIC BOULEVARD | |
| City-St-Zip: | MARGATE, FL 33063 US | |
| Title: | D | ( ) Delete |
| Name: | LEON, JOSE D | |
| Address: | 5640 WEST ATLANTIC BOULEVARD | |
| City-St-Zip: | MARGATE, FL 33063 US | |
| Title: | D | ( ) Delete |
| Name: | RHODES, JAY G D | |
| Address: | 5642 WEST ATLANTIC BOULEVARD | |
| City-St-Zip: | MARGATE, FL 33063 US | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| 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: A. MARGARET HESFORD VP 03/13/2009
Electronic Signature of Signing Officer or Director — Date