

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856211

FILED
Mar 23, 2010
Secretary of State

Entity Name: ALTMAN DEVELOPMENT CORPORATION

Current Principal Place of Business:

1515 S. FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1515 S. FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 38-2036283 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEUTCH, JEFFREY A
7777 GLADES ROAD
SUITE 300
BOCA RATON, FL 33434 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS
Name: ROBERTS, JEFFERY A
Address: 1515 S FED. HWY STE 300
City-St-Zip: BOCA RATON, FL 33432

Title: SVP
Name: DEROSE, RICHARD K
Address: 1515 S FED. HWY STE 300
City-St-Zip: BOCA RATON, FL 33432

Title: AS
Name: PETERSON, TIMOTHY A
Address: 1515 S FED. HWY STE 300
City-St-Zip: BOCA RATON, FL 33432

Title: VP
Name: MARTINEZ, MANUEL
Address: 1515 S FED. HWY STE 300
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: ALTMAN, JOEL L
Address: 1515 S. FEDERAL HIGHWAY, STE 300
City-St-Zip: BOCA RATON, FL 33432

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL L. ALTMAN

D

03/23/2010

Electronic Signature of Signing Officer or Director

_____ Date