

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002070

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** ATLANTIC ROSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8816 COLLINS AVENUE  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 651906  
MIAMI, FL 33265

**New Mailing Address:**

**FEI Number:** 65-0602120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUEST MANAGEMENT GROUP OF FLORIDA, LLC  
3301 PONCE DE LEON BLVD.  
SUITE 220  
CORAL GABLES, FL 33134 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/D ( ) Delete  
Name: HERNANDEZ, ADALBERTO  
Address: 8816 COLLINS AVE.  
City-St-Zip: SURFSIDE, FL 33154

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P/D (X) Change ( ) Addition  
Name: HERNANDEZ, ADALBERTO  
Address: 8816 COLLINS AVE., APT. 301  
City-St-Zip: SURFSIDE, FL 33154

Title: SEC ( ) Change (X) Addition  
Name: HERRERA, JOSE M  
Address: 8919 HARDING AVENUE  
City-St-Zip: SURFSIDE, FL 33154 US

Title: VP ( ) Change (X) Addition  
Name: RAMIREZ, LUIS  
Address: 8816 COLLINS AVENUE, APT. 103  
City-St-Zip: SURFSIDE, FL 33154

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: ADALBERTO HERNANDEZ

PRES

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date