2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003002

FILED Mar 19, 2008 Secretary of State

Entity Name: ATLANTIC VILLAS CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 211 E. INTERNATIONAL SPEEDWAY BLVD 4536 S. CLYDE MORRIS BLVD #2 DAYTONA BEACH, FL 32118 PORT ORANGE, FL 32129 **Current Mailing Address: New Mailing Address:** 211 E. INTERNATIONAL SPEEDWAY BLVD 4536 S. CLYDE MORRIS BLVD #2 DAYTONA BEACH, FL 32118 PORT ORANGE, FL 32129 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUALITY CONDOMINIUM MANAGEMENT 4536 S. CLYDE MORRIS BLVD PORT ORANGE, FL 32129 US 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: JEFF BLOCKER 03/19/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change (X) Addition () Delete HOWLAND, HOWARD Name: Name: Address: Address: 1650 CARLTON STREET City-St-Zip: City-St-Zip: LONGWOOD, FL 32750 Title: Title: () Change (X) Addition () Delete Name: Name: POWERS, KEVIN Address: Address: 630 W. WYMORE ROAD SUITE 370 City-St-Zip: City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: () Change (X) Addition BIEDERMAN, ANGELA Name: Name: 1010 MCDONALD STREET Address: Address: City-St-Zip: City-St-Zip: MT. DORA, FL 32757 Title: () Delete Title: () Change (X) Addition Name: Name: COBB, MARVIN 949 VICTORIA TERRACE Address: Address: City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: () Change (X) Addition PASSALACQUA, JOE Name: Name: 275 STIRLING AVE Address: Address: WINTER PARK, FL 32789 City-St-Zip: 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: HOWARD HOWLAND PD 03/19/2008