2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 30, 2007
Secretary of State

DOCUMENT# N02000006402

Entity Name: ATLANTIC GROVE TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:

398 NE 6 AVE
DELRAY BCH, FL 33483

New Principal Place of Business:

902 CLINT MOORE ROAD
SUITE # 110
BOCA RATON, FL 33487

Current Mailing Address:

BEACON PROPERTY MGMT
500 NE SPANISH RIVER BLVD
BOCA RATON, FL 33431

New Mailing Address:

A & N MANAGEMENT
902 CLINT MOORE ROAD #110
BOCA RATON, FL 33487

FEI Number: 74-3061308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1900 NORTH CONGRESS PARKWAY
WESTON, FL 33326 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: SASSON, ANDRE
Address: 90 NW 3RD AVE.
City-St-Zip: DELRAY BEACH, FL 33449

Title: V ( ) Delete
Name: SCHLOSSBERG, ALAN
Address: 200 MACFARLANE DRIVE APT 502N
City-St-Zip: DELRAY BEACH, FL 33483

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SASSON, ANDRE
Address: 90 NW 3RD AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: YUND, CHARLES
Address: 302 NW 1ST STREET
City-St-Zip: DELRAY BEACH, FL 33444

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: ANDRE SASSON P 07/30/2007

Electronic Signature of Signing Officer or Director — Date