2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# N04000004446

Entity Name: THE ATLANTIC HOTEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

601 NORTH FORT LAUDERDALE BEACH BLVD.
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22197
LAKE BUENA VISTA, FL 32830 US

New Mailing Address:

FEI Number: 20-1095871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: LANZON, GREGORY
Address: 610 NE 11TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: VTD ( ) Delete
Name: THOMAS, LINDA
Address: PO BOX 150107
City-St-Zip: ARLINGTON, TX 76015 US

Title: SD ( ) Delete
Name: DEVEY, JAMES
Address: 1310 MANOR DRIVE
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change ( ) Addition
Name: CORPORA, DENNIS
Address: 51 RIVERS EDGE DRIVE
City-St-Zip: COLTS NECK, NJ 07722 US

Title: SD (X) Change ( ) Addition
Name: MIN, ROBERT
Address: 110 PAINTED MOUNTAIN DRIVE
City-St-Zip: LAS VEGAS, NV 89148 US

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: GREGORY LANZON PD 03/31/2008

Electronic Signature of Signing Officer or Director — Date