2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001848

FILED Apr 25, 2007 Secretary of State

Entity Name: ATHENA AT OLYMPIA POINTE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

3300 UNIVERSITY DRIVE C/O SOUTHWEST PROPERTY MANAGEMENT CORAL SPRINGS, FL 33065 C/O SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206

NAPLES, FL 34103

FEI Number: 20-4417811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ADAMS, JOE E 4501 TAMIAMI TRAIL NORTH SUITE 214 NAPLES, FL 34103 US SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206 NAPLES, FL 34103 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: STEVE WILLIAMS 04/25/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 SCHNEIDERMAN, MARC
 Name:

 Address:
 3300 UNIVERSITY DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 CROWELL, MARYANN
 Name:

 Address:
 3300 UNIVERSITY DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:

Title: VSTD () Delete Title: () Change () Addition

 Name:
 SLOMAN, LINDÁ
 Name:

 Address:
 3300 UNIVERSITY DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 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: MARC SCHNEIDERMAN P 04/25/2007