

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 06, 2009
Secretary of State

DOCUMENT# N07000010777

Entity Name: ATLANTIC PALMS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5979 NW 151 ST.
SUITE 101
MIAMI LAKES, FL 33014**New Principal Place of Business:****Current Mailing Address:**P.O.BOX 160718
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 26-1572117**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:**WAREN, FRANK D
400 NW 65 AVE
APT# 105
MARGATE, FL 33063 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: FRANK WAREN

10/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CURTIS, BURNEY
Address: 5979 NW 151 ST. #101
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: SPENCER, CHARLES
Address: 5979 NW 151 ST. #101
City-St-Zip: MIAMI LAKES, FL 33014

Title: T () Delete
Name: KOUFODONTIS, ELLIS
Address: 5979 NW 151 ST. #101
City-St-Zip: MIAMI LAKES, FL 33014

Title: S () Delete
Name: HENRY, CAROL
Address: 5979 NW 151 ST. #101
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENTLEY, IVONNE
Address: 400 NW 65 AVE #107
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change () Addition
Name: WAREN, FRANK
Address: 400 NW 65 AVE #105
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change () Addition
Name: EDWARD, MIKE
Address: 400 NW 65 AVE #117
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change () Addition
Name: COOPER, PENCILA
Address: 400 NW 65 AVE #232
City-St-Zip: MARGATE, FL 33063

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: FRANK WAREN

D

10/06/2009

Electronic Signature of Signing Officer or Director

Date