2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N11156

Entity Name: ATHERTON WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O DARYLL WALLCE
8114 MONTASONTA AVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

C/O DARRYL WALLACE
8114 MONTASONTA AVE
JACKSONVILLE, FL 32211

Current Mailing Address:

C/O DARYLL WALLCE
8114 MONTASONTA AVE
JACKSONVILLE, FL 32211

New Mailing Address:

C/O DARRYL WALLACE
8114 MONTASONTA AVE
JACKSONVILLE, FL 32211

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, G. DARRYL
8114 MONTASONTA AVE
JACKSONVILLE, FL 32211 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: WALLACE, G. DARRYL
Address: 8114 MONTASONTA AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VPD ( ) Delete
Name: WALLACE, VERONICA
Address: 8114 MONTASONTA AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: PITTMAN, ELIZABETH
Address: 5725 SHOREWWOD LN
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DARRYL WALLACE PD 04/26/2006

Electronic Signature of Signing Officer or Director — Date