2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11156

FILED Aug 24, 2007 Secretary of State

Entity Name: ATHERTON WOODS CONDOMINIUM ASSOCIATION, INC.

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

C/O DARRYL WALLACE
8114 MONTASONTA AVE
566 BROCKHAM DR.
JACKSONVILLE, FL 32211
JACKSONVILLE, FL 32221

Current Mailing Address: New Mailing Address:

C/O DARRYL WALLACE
8114 MONTASONTA AVE
566 BROCKHAM DR.
JACKSONVILLE, FL 32211
JACKSONVILLE, FL 32221

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WALLACE, G. DARRYL

8114 MONTASONTA AVE

566 BROCKHAM DR.

JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32221 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: 08/24/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WALLACE, G. DARRYL Name: WALLACE, G. DARRYL Address: 8114 MONTASONTA AVE Address: 566 BROCKHAM DR.

Address: 8114 MONTASONTA AVE Address: 566 BROCKHAM DR.
City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32221

Title: VPD () Delete Title: VPD (X) Change () Addition Name: WALLACE, VERONICA Name: WALLACE, VERONICA

 Name:
 WALLACE, VERONICA
 Name:
 WALLACE, VERONICA

 Address:
 8114 MONTASONTA AVE
 Address:
 566 BROCKHAM DR.

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:
 JACKSONVILLE, FL 32221

Title: D () Delete Title: () Change () Addition

 Name:
 PITTMAN, ELIZABETH
 Name:

 Address:
 5725 SHOREWWOD LN
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 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: G. DARRYL WALLACE PD 08/24/2007