


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90093 030 ****61.25

DOCUMENT # N31749	
1. Entity Name	
ONE TEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
C/O MARY MARTIN 110 N.E. 7TH AVENUE, APT. #4 DELRAY BEACH FL 33483-5434 US	C/O MARY MARTIN 110 N.E. 7TH AVENUE, APT. #4 DELRAY BEACH FL 33483-5434 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-0941887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
MARTIN, MARY 110 N.E. 7TH AVENUE APT. #4 DELRAY BEACH FL 33483	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PD
NAME	COOK, DAVID	NAME	MCNULTY, JOS.
STREET ADDRESS	110 NE 7TH AVENUE #1	STREET ADDRESS	110 NE 7 Ave #2
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	DELRAY BEACH 33483
TITLE	STD	TITLE	ND
NAME	MARTIN, MARY	NAME	DAVID COOK
STREET ADDRESS	110 NE 7TH AVENUE #4	STREET ADDRESS	110 NE 7 Ave #1
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	VD	TITLE	
NAME	MCNULTY, JOSEPH	NAME	
STREET ADDRESS	110 NE 7 AVE #2	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Martin (MARY MARTIN) 1-30-07 561-243-4654