

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004676

FILED
Feb 10, 2009
Secretary of State

Entity Name: ATHENA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2070 OCEAN BLVD
APT #3
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4110
BOCA RATON, FL 33429 US

New Mailing Address:

FEI Number: 65-0905222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN,ZVI
2070 OCEAN BLVD.
APT #3
BOCA RATON, FL 33431 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: LEVIN, ZVI
Address: 2070 OCEAN BLVD., #3
City-St-Zip: BOCA RATON, FL 33431 US

Title: VPD () Delete
Name: DOCTEROFF, JAMIE
Address: 2070 OCEAN BLVD., #2
City-St-Zip: BOCA RATON, FL 33431 US

Title: SD () Delete
Name: LEVIN, SARA
Address: 2070 OCEAN BLVD., #3
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEVIN, ZVI
Address: 2070 N. OCEAN BLVD., #3
City-St-Zip: BOCA RATON, FL 33431 US

Title: VPD (X) Change () Addition
Name: DOCTEROFF, JAMIE
Address: 2070 N. OCEAN BLVD., #2
City-St-Zip: BOCA RATON, FL 33431 US

Title: SD (X) Change () Addition
Name: LEVIN, SARA
Address: 2070 N. OCEAN BLVD., #3
City-St-Zip: BOCA RATON, FL 33431 US

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: LEVIN ZVI

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date