2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P06000043392

Entity Name: ATLANTIC PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

32 NE 22ND AVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

529 PELICAN WAY
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-1287964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOLLARD, JASON P
301 W ATLANTIC AVE SUITE 0-8
DELRAY BEACH, FL 334443686 US

Name and Address of New Registered Agent:

DOLLARD, JASON P
127 NE 2ND AVENUE
DELRAY BEACH, FL 33444 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: _____ 01/20/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: DOLLARD, VIRGINIA M
Address: 529 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 334838009

Title: STD ( ) Delete
Name: DOLLARD, WAYNE J
Address: 529 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 334838009

Title: D ( ) Delete
Name: DOLLARD, JASON P
Address: 301 W ATLANTIC AVENUE SUITE 0-8
City-St-Zip: DELRAY BEACH, FL 334443686

Title: D ( ) Delete
Name: TRUE, EDWARD
Address: 32 NE 22ND AVE.
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: UHRIG, NORA
Address: 32 NE 22ND AVE.
City-St-Zip: POMPANO BEACH, FL 33062

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:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA M. DOLLARD PVD 01/20/2009
Electronic Signature of Signing Officer or Director — Date