2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080219

Name:

Address:

City-St-Zip:

Entity Name: ATLANTIC COMMONS CORPORATION

FILED May 01, 2009 Secretary of State

Littly Name. Air	ANTIC COMMONS CORPORATION				
Current Principal Place of Business:			New Principal Place of Business:		
1600 SAWGRASS CORPORATE PARKWAY SUITE 230 SUNRISE, FL 33323		SUITE	1600 SAWGRASS CORPORATE PARKWAY SUITE 400 SUNRISE, FL 33323		
Current Mailing Address:			New Mailing Address:		
1600 SAWGRASS CORPORATE PARKWAY SUITE 230 SUNRISE, FL 33323		SUITE	1600 SAWGRASS CORP PKWY SUITE 400 SUNRISE, FL 33323		
FEI Number: 26-32878	58 FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
HELFMAN, STEVE 1600 SAWGRASS SUNRISE, FL 3332	CORPORATE PARKWAY SUITE 230	1600 S SUITE	MAN, STEVEN I SAWGRASS CC : 400 ISE, FL 33323	PRP PKWY	
The above named of in the State of Florid	entity submits this statement for the puda.	rpose of chang	ing its registere	d office or registered agent, or both,	
SIGNATURE:				05/01/2009	
Electronic Signature of Registered Agent			Date		
	607.193(2)(b), F.S., the corporation did not nancing Trust Fund Contribution ().	receive the prior	notice.		
OFFICERS AND D	IRECTORS:	ADDI.	FIONS/CHANG	ES TO OFFICERS AND DIRECTOR	S:
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address City-St-		RASS CORP PKWY, STE 400	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address City-St-		BRASS CORP PKWY, STE 400	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address City-St-		BRASS CORP PKWY, STE 400	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address City-St-		RASS CORP PKWY, STE 400	
Title:	() Delete	Title ·	s	() Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

CORBAN, PAUL

SUNRISE, FL 33323

1600 SAWGRASS CORP PKWY, STE 400

SIGNATURE: RICHARD M. NORWALK VP 05/01/2009