


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 763229</b>	
1. Entity Name NORTHRIDGE PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5333 N. DIXIE HIGHWAY FT LAUDERDALE, FL 33308	Mailing Address 2100 E. COMMERCIAL BLVD. C/O THEODOR LEHRER FT. LAUDERDALE, FL 33308
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01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2193059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THEODOR LEHRER, M.D.  
 2100 E. COMMERCIAL BLVD.  
 FT LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEHRER, THEODOR 2100E COMMERCIAL BLVD FT LAUDERDALE, FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD TASLIIMI, KAMAL 5333 N DIXIE HWY OAKLAND PARK, FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, JOSEPH 5333 N. DIXIE HIGHWAY OAKLAND PARK, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000588707  
 01/17/07-80083-021 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Theodor Lehrer 01-12-07 954/772-0933  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #