

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 763229

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 THOEDOR LEHRER
 FT. LAUDERDALE, FL 33308



01032008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 59-2193059 Applied For
 Not Applicable

5. Certificate of Status Desired \$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

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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, 2008

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	

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 01/08/08-80022-014 61.25

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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 *Theodor Lehrer* 1-3-8 954-772-8933
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #