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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:16

DOCUMENT # 755492 (6)

1. Corporation Name

355 OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O MIRIAM B WALLING, CPA
355 NE 5TH AVE. STE 6
DELRAY BEACH FL 33483

C/O MIRIAM B WALLING, CPA
355 NE 5TH AVE. STE 6
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1980 3a. Date of Last Report 02/01/1994

4. FEI Number 59-2144672 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMRALL, H. CASSEDDY, JR.
355 NE FIFTH AVE
SUITE 6
DELRAY BEACH FL 33483

81 Name Miriam B. Walling

82 Street Address (P.O. Box Number is Not Acceptable)
355 NE 5th Avenue #6

83

84 City Delray Beach FL 85 Zip Code 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Miriam B. Walling

Miriam B. Walling

1-11-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SUMRALL JR, H CASSEDDY
STREET ADDRESS 4 N W 16TH STREET
CITY- ST- ZIP DELRAY BCH, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DP
NAME MORRELL, MICHAEL F
STREET ADDRESS 355 NE 5TH AVE, STE 4
CITY- ST- ZIP DELRAY BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE D
NAME STROCK, ARTHUR V.
STREET ADDRESS 829 S. E. 9TH STREET
CITY- ST- ZIP DEERFIELD BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE DT
NAME WALLING, MIRIAM B
STREET ADDRESS 355 NE 5TH AVE, STE 6
CITY- ST- ZIP DELRAY BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Miriam B. Walling
Miriam B. Walling

1-11-95

407-272-5868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #