

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90058 029 \*\*\*\*\*61.25



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # 763229

1. Corporation Name  
NORTHRIDGE PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
5333 N. DIXIE HIGHWAY  
FT LAUDERDALE FL 33304-3453  
33304

Mailing Address  
2100 E. COMMERCIAL BLVD.  
C/O THEODOR LEHRER  
FT. LAUDERDALE FL 33304-33308  
33308



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
23	City & State	City & State	5. Certificate of Status Desired
24	Zip	Country	6. Election Campaign Financing
25	Country	Zip	Trust Fund Contribution
26	City & State	30	81
27	City & State	31	82
28	City & State	32	83
29	City & State	33	84
30	City & State	34	85

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THEODOR LEHRER, M.D. 2100 E. COMMERCIAL BLVD. FT LAUDERDALE FL 33308		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHRER, THEODOR	1.2 NAME	
STREET ADDRESS	2100E COMMERCIAL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL	1.4 CITY-ST-ZIP	
TITLE	MD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASLIMI, KAMAL	2.2 NAME	
STREET ADDRESS	5333 N DIXIE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK, FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPERSMITH, EDWARD	3.2 NAME	
STREET ADDRESS	5333 N. DIXIE HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: Theodor Lehrer 1-4-99 954/7720933

CR2E037 (1/98)