

**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
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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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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 *Theodor Lehrer* 1-3-8 ⁹⁵⁴⁻⁷⁷²⁻⁸⁹³³

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #