

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748663

**Entity Name:** PALMETTO WEST PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**6365695011CC****Current Principal Place of Business:**240 W. PALMETTO PARK RD  
SUITE 100  
BOCA RATON, FL 33432**Current Mailing Address:**240 W. PALMETTO PARK RD  
SUITE 100  
BOCA RATON, FL 33432 US**FEI Number: 65-0660517****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VINER, TIMOTHY M  
240 W. PALMETTO PARK ROAD  
SUITE 100  
BOCA RATON, FL 33432 US*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.***SIGNATURE: TIMOTHY M VINER****04/21/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREA
Name	VINER, TIMOTHY M DR.
Address	240 W PALMETTO PARK RD STE 100
City-State-Zip:	BOCA RATON FL 33432

Title	VP
Name	LALSINGH, CHAD DMD
Address	240 W. PALMETTO PARK RD STE 120
City-State-Zip:	BOCA RATON FL 33432

Title	PRES
Name	MADDEN, THOMAS
Address	240 W. PALMETTO PK RD, SUITE 300
City-State-Zip:	BOCA RATON FL 33432

Title	S
Name	LOMBERTI, ALBERTO
Address	240 W. PALMETTO PK RD, SUITE 220
City-State-Zip:	BOCA RATON FL 33432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: DR TIMOTHY M VINER****TREASURER****04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date