

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763229

**FILED  
Apr 25, 2017  
Secretary of State  
CC3901534083**

**Entity Name:** NORTHRIDGE PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5333 N. DIXIE HIGHWAY  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

2100 E. COMMERCIAL BLVD.  
C/O THEODOR LEHRER  
FT. LAUDERDALE, FL 33308

**FEI Number: 59-2193059**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THEODOR LEHRER, M.D.  
2100 E. COMMERCIAL BLVD.  
FT LAUDERDALE, FL 33308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name LEHRER, THEODOR  
Address 2100E COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33308

Title MD  
Name TASLIIMI, KAMAL  
Address 5333 N DIXIE HWY  
City-State-Zip: OAKLAND PARK, FL 33308

Title MD  
Name HOFFMAN, JOSEPH  
Address 5333 N. DIXIE HIGHWAY  
City-State-Zip: OAKLAND PARK, FL 33308

*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: THEODOR LEHRER**

**MANAGER**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date