

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 04, 2007
Secretary of State

DOCUMENT# 712491

Entity Name: FIRST PROFESSIONAL BUILDING ASSOCIATION, INC.**Current Principal Place of Business:**636 U S HIGHWAY #1
PO BOX 14382
NORTH PALM BEACH, FL 33408**New Principal Place of Business:**636 U S HIGHWAY #1
SUITE #110
NORTH PALM BEACH, FL 33408**Current Mailing Address:**636 U S HIGHWAY #1
PO BOX 14382
NORTH PALM BEACH, FL 33408**New Mailing Address:****FEI Number:** 59-1223384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ELLSWORTH, ED
636 US HIGHWAY ONE #107
NORTH PALM BEACH, FL 33408 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** PDT () Delete
Name: ELLSWORTH, EDWARD JR,
Address: 636 US HWY ONE #107
City-St-Zip: N. PALM BEACH, FL**Title:** D () Delete
Name: HARDIN, MICHAEL D.D., S.
Address: 636 US 1 SUITE 217
City-St-Zip: NORTH PALM BEACH, FL 33408**Title:** D () Delete
Name: LAMPERT, ARNOLD,
Address: 636 U S HWY #1 STE. 205
City-St-Zip: NORTH PALM BEACH, FL 33408**Title:** VSD () Delete
Name: PARKER, ROBERT
Address: 636 US HWY #ONE 3RD FLOOR
City-St-Zip: NORTH PALM BEACH, FL 33408**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: LAMPERT, ARNOLD,
Address: 636 U S HWY #1 STE. 110
City-St-Zip: NORTH PALM BEACH, FL 33408**Title:** VSD (X) Change () Addition
Name: LAMPERT, ANTHONY
Address: 636 US HWY #ONE STE #110
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ED ELLSWORTH

RA

06/04/2007

Electronic Signature of Signing Officer or Director

Date