


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90393 007 ****61.25

DOCUMENT # 746299

1. Entity Name
 1701 PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 1701 E ATLANTIC BLVD #1
 P O BOX 1749
 POMPANO BCH, FL 33061

Mailing Address
 1701 E ATLANTIC BLVD #1
 P O BOX 1749
 POMPANO BCH, FL 33061

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04152004 Chg-NP CR2E037 (10/03)

4. FEI Number
~~XXXXXXXXXX~~ ~~XXXX~~

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

SLOAN, STEPHEN M.
 1701 E ATLANTIC BLVD #1
 POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 Stephen M Sloan DATE 4-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, JAMES M. | |
| STREET ADDRESS | 1701 E ATLANTIC BLVD #4 | |
| CITY-ST-ZIP | POMPANO BEACH FL, | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SMITH, LAURIE | |
| STREET ADDRESS | 1701 E ATLANTIC BLVD #5 | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33060 | |
| TITLE | TDV | <input checked="" type="checkbox"/> Delete |
| NAME | SLOAN, STEPHEN M. | |
| STREET ADDRESS | 1701 E ATLANTIC BLVD #1 | |
| CITY-ST-ZIP | POMPANO BEACH FL, | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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 an officer like empowered.

SIGNATURE: Stephen M Sloan Date 4-15-04 Daytime Phone # 954-941-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR