


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90063 036 ****61.25

DOCUMENT # 746299 1. Entity Name 1701 PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.	
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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
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02162005 No Chg-NP CR2E037 (10/03)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent SLOAN, STEPHEN M 1701 E ATLANTIC BLVD #1 POMPANO BEACH, FL 33060

**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. <i>Stephen M Sloan TDV 2-16-05</i> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2005	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	PD WILLIAMS, JAMES M. 1701 E ATLANTIC BLVD #4 POMPANO BEACH FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, LAURIE 1701 E ATLANTIC BLVD #5 POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV SLOAN, STEPHEN M. 1701 E ATLANTIC BLVD #1 POMPANO BEACH FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 all other like empowered.	
SIGNATURE: <i>Stephen M Sloan TDV 2-16-05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>2-16-05</i> Daytime Phone #: <i>954-941-0515</i>